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JPRS Report

Epidemiology

AIDS

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Epidemiology AIDS

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11 March 1992

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WHO: Over One Million New AIDS Carriers in Past 8 Months

*AU1202142192 Paris AFP in English 1403 GMT
12 Feb 92*

[Text] Geneva, Feb 12 (AFP)—More than a million new cases of AIDS infection have been registered in the past eight months, mostly in the Third World and through heterosexual contact, the World Health Organisation (WHO) said here Wednesday.

Nearly half the new cases are in sub-Saharan Africa, a quarter in Asia and one-sixth in South America, it said in its latest report on the acquired immune deficiency syndrome.

Since the illness was first recognized, 10 to 12 million people have become infected with the HIV virus which causes the disease.

The figure of HIV-infected people is expected to reach 30 to 40 million by the year 2,000, WHO said in its latest report.

Nearly 1.5 million of the HIV-carriers, including half a million children, have developed the disease, WHO said.

As the virus takes about 10 years to act, those now ill are mostly from areas where the disease first spread a decade ago, including North America, Africa and Western Europe.

BOTSWANA

Kweneng District AIDS Statistics Given

92WE0267A Gaborone BOTSWANA DAILY NEWS
in English 5 Dec 91 p 3

[Article by Marshall Tladi]

[Excerpt] An estimated 4,000 people in Kweneng District have been infected with AIDS virus, says Medical Superintendent at Scottish Livingstone Hospital, Dr. Phillip Mwala.

Speaking during World AIDS Day at the kgotla here, Dr. Mwala said the virus was spreading at an alarming rate and nine people have died from the disease so far.

Dr. Mwala said there was only one case of the killer disease in 1985 and now the figure has increased to 291 cases this year alone. He said people just have to admit that "we have a problem of formidable proportions. We ourselves have to take the initiative and the time for wishing away the problem."

He said nobody has been spared from this scourge whose "spectrum goes right across the social structure." The problem, he said, was compounded by the fact that despite education on the disease, some people continue to have multiple-sex without condoms. [passage omitted]

Total HIV Virus Infected Now 250

92WE0267B Gaborone BOTSWANA DAILY NEWS
in English 6 Dec 91 p 4

[Text] The Commissioner of Prisons and Rehabilitation, Mr. Bernard Lekoko has called on the public to exercise sexual restraint as part of an effort to combat AIDS.

Speaking on the occasion of World AIDS Day at the Village Clinic in Gaborone last Friday, Mr. Lekoko said it was worrying that some people regard AIDS as a myth and believe that the disease cannot affect them. He said the first AIDS case was detected in Botswana in 1985 and since then the number of people affected with HIV virus has risen to 250 [figure as published]. He said already, 87 people have died from AIDS.

Mr. Lekoko said among those diagnosed, 20 percent are children under five while 50 percent are women. He said for a country with a small population like Botswana, these numbers are extremely high. He also said it causes concern that the victims are young people who still have a lot to offer.

Mr. Lekoko said: "This year's AIDS theme 'Sharing the challenge' underlines the global nature of this common threat." He said sharing the challenge should start with people accepting that they are potential victims.

He said the Ministry of Health and the World Health Organization were working very hard to combat AIDS by hosting seminars and lectures on the subject.

COMOROS

Eight HIV Cases Identified at Moroni Lab

92WE0231A Moroni AL-WATWAN in French 1 Nov 91
p 1

[Article: "AIDS Sensitization Rally at Mbeni"]

[Text] During a public meeting on AIDS prevention held on Saturday 19 October at Mbeni, chief town of Hamamet, the coordinator of the National Struggle Against AIDS Program (PLNLS), Mr. Mbaye Toyb, disclosed that eight carriers of the HIV virus have been detected at Moroni's El-Maarouf laboratory.

The meeting, organized jointly by PLNLS and village civic groups, drew a record crowd of young men and women.

GHANA

Hospitals Equipped To Test Blood for AIDS

92WE0201D Accra PEOPLE'S DAILY GRAPHIC
in English 18 Nov 91 pp 1, 8-9

[Article by Rosemary Ardayfio, Aburi]

[Excerpt] Nine regional hospitals have been provided with facilities to screen blood for the AIDS Virus before it is transfused.

This is to ensure that safe blood is given to patients, since it is known that blood transfusion services could be a source of spreading the AIDS disease.

Dr. Phyllis Antwi, Programme Manager of the National AIDS Control Programme (NACP), made this known during a three-day workshop to update the knowledge of media practitioners on the disease and efforts to control its spread at Aburi in the Eastern Region at the weekend.

She said Upper West Region is the only region left to be provided with blood screening equipment. However the Bolgatanga Hospital has easy access to the facilities of the Northern Region.

Dr. Antwi said, apart from this, rapid tests for the HIV virus for seemingly healthy hospital attendants have been introduced in some regional hospitals including Wenchi, Somanya and Agomenya.

These rapid tests enable the programme to keep count of the number of AIDS patients.

The manager admitted that though this might not give the correct index since it is not every sick person who uses the health facilities, it gives a close indication of the rate of spread.

Dr. Antwi also said there are facilities at the Sexually Transmitted Diseases (STD) Clinic at the Adabraka Polyclinic were those with STDs usually regarded as a

high risk group, are tested. It has been found, she said, that about 5.5 percent of this group are HIV positive.

She said pregnant women are also tested as a low risk group, and about 0.6 percent have so far proved HIV positive.

Dr. Antwi noted that as at July this year, the recorded number of AIDS cases stood at 2,521.

[Passage omitted]

Hospitals To Have HIV Detection Equipment

92WE0293C Accra PEOPLE'S DAILY GRAPHIC
in English 3 Dec 91 pp 1, 8-9

[Article by Dwamena Bekoe, Koforidua: "RST Machines for Hospitals"]

[Excerpt] The Ministry of Health (MOH) is to equip all district hospitals in the country with Rapid Screening Tests (RST) machines to enable them to test blood donors for the HIV/AIDS disease.

The Ministry with assistance from some donor agencies has already equipped nine regional hospitals with a laser screening machine and a number of district hospitals have also been equipped with the RST.

Dr. Alex Ababio, Deputy Secretary for Health, said this at the national launching of the World AIDS Day at Koforidua on Sunday.

The occasion which coincided with the launching of the fourth International World AIDS Day was themed: "Sharing the challenge."

To further strengthen the control of the disease through blood transfusion, Mr. Ababio said the Ministry has intensified its educational programme on nutrition and malaria prevention especially for mothers and children.
[Passages omitted]

Upper East To Step Up AIDS Counselling

92WE0293B Accra PEOPLE'S DAILY GRAPHIC
in English 28 Dec 91 p 8

[Article by Abdul Aziz, Navrongo: "AIDS Counselling Bureaux for Upper East"]

[Text] Counselling bureaux to assist AIDS patients and their relatives are being established in health institutions throughout the Upper East Region by the Ministry of Health.

AIDS screening in Bolgatanga and Navrongo has proved that the region is as heavily infected as other regions in the country.

Dr. Kwame Adogboba, Regional Director of Health Services, who discussed this at Paga during the observation of Upper East AIDS Day, said the number of cases detected as at November this year stood at 138 positive as compared to only 45.

He said out of 1,467 blood donors screened, 28 were positive even though they felt so well that they came to donate blood, to save life and were only detected through routine blood screening.

The Regional Director said the recent epidemic of cholera was not as bleak as this threat of AIDS.

He attributed the spread of the disease to ignorance and disbelief and emphatically said AIDS is a real menace since there is yet no cure for it.

He urged the formation of functional AIDS control committees in the districts to liaise with the district assemblies to draw up campaign programmes for all communities.

AIDS Increase in Ashanti Region

92WE0293G Accra PEOPLE'S DAILY GRAPHIC
in English 9 Jan 92 p 16

[Article by Nehemia Owusu Achiaw, Kumasi: "Immuni-sation Coverage in Ashanti

[Excerpt] [Passage omitted] Dr. Amofa, [Regional Director of Health Services], said reported AIDS infection cases in the region have shot up to 776.

He said Ashanti has the second highest reported AIDS cases after Eastern Region which has a record of 971 cases.

IVORY COAST

Seminar Discusses AIDS Research Priorities

92WE0261A Abidjan FRATERNITE MATIN in French
1 Dec 91 p 2

[Article by Lebry Leon Francis: "AIDS and Research: To Reduce Sexually Transmitted Diseases Among the Young"]

[Text] National AIDS-control strategies involve many constraints and are often difficult to apply. Yet, these constraints must be resolved; this is a goal to which researchers and leaders must again subscribe.

Then, a proposal: to perform multidisciplinary research in nearly every direction, but basic research, which often mobilizes considerable financial and technical resources, does not yield results quickly. Since AIDS was announced to the world 10 years ago, neither a vaccine nor a drug has been found that will overcome it. This is why researchers increasingly tend to consider operational research which, for its part, will yield almost immediate results serving to better direct our efforts. The essential question today is still: how can we reduce the individual and collective impact of the disease?

Let us recall the most recent figures: on 31 October 1991, 418,303 AIDS cases had been reported to the WHO [World Health Organization], i.e. an additional 46,000 cases in three months. Dr. Diego Buriot, the WHO representative in the Ivory Coast, mentioned them last Monday at the beginning of the seminar devoted to the definition of research priorities in order to prevent and control AIDS. Some of these priorities were announced Wednesday afternoon by Professor Leopold Manlan Kassi, chairman of the Ivorian scientific committee, a component of the CNLS [National Committee Against AIDS].

The final considerations mentioned the prevalence of sexually transmitted diseases (STD) in Abidjan, which is seen as a real source of such diseases. A study mentioned their prevalence and that of the virus in secondary schools. The use of condoms was therefore again encouraged, as well as family planning for young people aged 15 to 25. Actually, the cost of AIDS is not insignificant.

Apart from that, other priorities will be considered. For instance "the Law and AIDS," will make it possible to study the country's laws, in order to fill in a legal gap. This study will be carried out by Prof. Yao N'Dre.

The common concern of all those participating in the implementation of the national strategy is to identify the most operational projects that correspond to the intermediate-term plan.

Because AIDS is a spreading disease that is difficult to circumscribe.

KENYA

Institute on Effectiveness of Kemron in AIDS Treatment

EA0802070492 Nairobi KTN Television in English
1800 GMT 6 Feb 92

[Text] The Kenya Medical Research Institute, KEMRI, today took exception to allegations by the Kenya Medical Association that the Kemron drug was ineffective in the management of AIDS. In a statement signed by the chairman, Dr. Muhammad Abdullah, KEMRI said that Kemron has been under clinical trials on more than 2,000 patients for more than 18 months and the results were encouraging. The statement added that the drug was on clinical trials in a number of other countries under the auspices of the WHO and that results were positive. KEMRI said it was studying the damage by the medical association with a view to taking the next remedial measures.

LIBERIA

AIDS, STD Control Program Under Way

92WE0264A Monrovia THE INQUIRER in English
17 Dec 91 pp 8, 6

[Text] The National AIDS and STD Control Programme of the Ministry of Health and Social Welfare has announced that all individuals requesting HIV certificates will pay a fee of \$50.00.

However, under the program, all prospective blood donors will be tested free of charge. The exercise, according to authorities of the AIDS program, is now in progress at the Liberian-Japanese Friendship Hospital within the Compound of the JFK Medical Center in Sinkor.

The lab will be opened to the public from 10 am to 3 pm Mondays thru Fridays.

Meanwhile, all embassies, organizations, institutions and the general public are reminded that the National AIDS and STD Control Programme is the "only authorized organization for the issuance of all valid HIV test certificates for visa applicants and other travellers."

Recently, it was reported that 500 cases of the HIV virus have been tested by the National AIDS Control Programme and other cooperating institutions. Of this number, 12 cases of AIDS have been diagnosed.

The National AIDS and STD Control Programme was reactivated in July 1991 with full financial and logistical support from the World Health Organization (WHO), United Nations Development Programme (UNDP), and the Save the Children Fund (UK).

Partial Statistics Show 12 AIDS Cases

92WE0295A Monrovia THE SCORPION in English
13 Jan 92 p 1

[Article: "AIDS To Claim More Lives If..."]

[Text] Dr. Benson Barh, head of the National AIDS Control Program has said that if "we are not careful," the disease will kill more people than those that died in the civil conflict.

He said AIDS was a deadly disease that has no cure and the need to prevent it from spreading was very essential.

Speaking during a regular press briefing at the World Health Organization (WHO) headquarters at Mamba Point in Monrovia, Dr. Barh disclosed that before the civil crisis, there were forty-four (44) cases of the disease reported in the country, and since the war subsided, there has been twelve (12) "full-bloom" cases reported.

He said this was just a partial statistics on the disease as this information was received from few hospitals.

He declined to name the hospitals or the regions they are situated.

Dr. Barh told journalists that the WHO is to shortly distribute half a million condoms to adult males in Monrovia and its environs in a bid to combat the spread of the killer disease, which, he said, has no cure.

He said the disease had an incubation period of between five-ten (5-10) years, and when you think you are healthy, you could well be a walking dead man or woman.

Dr. Barh said one of the surest way to avoid attracting the disease was to "stick" to one faithful partner; or if you are one who likes to flirt, then you should use a condom—writes Joe Moore Goweh.

MOZAMBIQUE

Pemba Reports 5 AIDS Cases by Aug 91

MB1002122392 Maputo Radio Mozambique Network in Portuguese 1030 GMT 10 Feb 92

[Text] Five cases of AIDS were reported in Cabo Delgado Province's city of Pemba by August 1991. The cases were diagnosed during a study covering some 130 people.

Maputo City Worst Hit by AIDS Virus

MB1502182192 Maputo Radio Mozambique Network in Portuguese 1730 GMT 15 Feb 92

[Excerpt] Mozambique had reported nearly 300 AIDS cases by August of last year. Tests have shown that Maputo city has the greatest number of people infected by the virus. Inhambane city is the one with the lowest number of AIDS-infected persons. [passage omitted]

Nearly 100,000 AIDS Cases Projected by 1995

MB0903192392 Maputo Radio Mozambique Network in Portuguese 1730 GMT 9 Mar 92

[Excerpt] Nearly 100,000 people could be affected by the AIDS virus in Mozambique by 1995. This has been disclosed at a seminar on family planning. [passage omitted covered by referent item]

NAMIBIA

Editorial Disputes CCN Director on Condoms

92WE0265A Windhoek THE NAMIBIAN in English 6 Dec 91 p 7

[Editorial] CCN [Namibian Council of Churches] Director Abisal Shejevali's astounding contribution to World AIDS Day, in which he discouraged people from using condoms, left us temporarily speechless.

But we feel morally-bound to take a strong line against a piece of advice, given by one of Namibia's most influential leaders, which we regard as unhelpful, irresponsible and downright dangerous.

AIDS is not some flash-in-the-pan disease to be taken as an idealistic test of Namibia's moral stamina. Nor is it something we can waste any time in fighting. As Health Minister Dr. Nicky Iyambo recently said, it is with us here and now: HIV positive Namibians are walking in Independence Avenue and AIDS victims are dying in our hospitals. The fact that relatively few Namibians are so far affected by the disease does not give us any right to treat AIDS as some kind of distant, philosophical debate. While Dr. Shejevali discusses the pros and cons of Namibia's moral health, calls for increased education which the CCN can currently ill afford, and recommends intensified "preaching, teaching and Sunday school activities", the AIDS virus is fast gaining ground.

According to Shejevali, "95 percent of (Namibia's) people are Christian", and since it is unlikely that the AIDS virus is confined to five percent of the population, it would appear that 'good intentions' are paving a rather dangerous road.

As things stand, there is no known cure for AIDS. Thousands have already died; millions more probably will. The only available protection, especially in a country where Shejevali's "one husband, one wife" formula stands slim chance of success, is to use condoms.

Throughout the world there is scarcely any deviation from the expert opinion that condoms are the only reliable defence against the killer disease. To accept this is not a sign of moral decay; it is a realistic solution in the absence of all others.

Moreover, it is a sign that we care for the countless children we will otherwise kill, as AIDS takes its toll on pregnant women and the infants they will bear.

Thank goodness for the common sense of our Health Minister, who pointed out during a recent speech at a Safe Motherhood Conference, that while bishops preach abstinence from the pulpits, half the congregation have got condoms in their pockets. Let's hope the other half has got cast-iron will-power... for all our sakes.

Sharp Increase in HIV/AIDS Cases

92WE0296A Windhoek THE NAMIBIAN in English 14 Jan 92 p 3

[Article by Kate Burling: "New AIDS Facts Soon; Namibia Takes on Killer Disease"]

[Excerpt] Important data drawn from a national survey on AIDS and HIV infection in this country will be released next month, to give Namibia its first solid information on the killer disease.

Statistics have been gathered over the last four months from hospitals and clinics throughout the country. Certain high risk groups were targeted, such as homosexual males and drug abusers, but other samples have been taken at random.

Since the disease is now recognised to know no boundaries of sexual orientation, age or gender, the survey has covered as many people and geographical areas as possible, with sampling being done in complete anonymity.

Announcing limited details of the impending report, Health Minister Nicky Iyambo said yesterday that Namibia could not escape the threat of AIDS.

"1991 can be marked as The Year of HIV Infection and AIDS. From January 1 1991 to November 30 1991, we had 1,125 HIV/AIDS cases; 613 males and 499 females with 13 unknown."

Until last year, Namibia's record on HIV infection was 734, showing a massive leap in figures over recent months.

Together with the National AIDS Control Programme (NACP) the Health Ministry was working on firm guidelines to prevent the disease from spreading further in Namibia. Once drawn up, these guidelines would be implemented on an intersectoral basis, with help from the community, private business, youth organizations and churches.

The Minister also announced details of a pledging Donor Conference for Namibia's Medium Term Plan (MTP) on AIDS. It was scheduled for February 24, but copies of the MTP [as published] would be available from the Health Ministry the last week of this month. While the battle against AIDS is still largely to be fought in Namibia, other killer diseases appeared to be coming under control. [passage omitted]

Health Minister Discusses AIDS Statistics

MB2502113492 Johannesburg SAPA in English
1043 GMT 25 Feb 92

[Text] Windhoek Feb 25 SAPA—Namibia has an estimated 50,000 HIV positive cases with more than 500 cases of the infection leading to AIDS identified during the past 3-1/2 months, NAMBC [Namibian Broadcasting Corporation] TV news reported in Windhoek.

"We in Namibia have a situation which has the potential for rapid change for the worse," Health and Social Services Minister Nicky Iyambo said at a conference in Windhoek on Monday.

He was addressing about 60 donors from around the world who pledged almost R[and]6 million for the Namibia's National AIDS Control Programme [NACP] to combat the disease in the country. The funding is for the first year of the NACP's five year programme.

The Namibian English daily reported Namibia has a total of 1,995 people infected with the Human Immunodeficiency Virus which leads to the killer disease Acquired Immune Deficiency Syndrome. This includes 1,261 new infections reported in 1991, compared with 543 the previous year.

Almost nine out of 10 of the cases reported last year are in the 15 to 44 age group, while another five percent are new-born babies.

Monday's conference was the first in a series of annual meetings to be coordinated by the United Nations Development Programme working with the World Health Organisation to tackle the disease.

Namibia first began recording AIDS statistics in 1986 when an advisory committee was recorded.

Prime Minister Hage Geingob assured the meeting the programme enjoyed the government's highest support with President Sam Nujoma launching the NACP in 1990.

NIGERIA

Minister Gives Figures on AIDS

92WE0271A Lagos THE GUARDIAN in English
21 Dec 91 p 24

[Article by Onajomo Orere, Ben Ukwuoma and Akin Jimoh: "7,000 Nigerians Die of Cholera, Says Minister"]

[Excerpt] [Passage omitted] Health Minister Professor Olikoye Ransome-Kuti noted that 94 full blown cases of Acquired Immune-Deficiency Syndrome (AIDS) have been registered so far.

He warned that AIDS infection rate jumped from 0.17 percent sero-positives in 1988 to 1.578 percent by September this year out of 156,536 blood samples screened.

He said the 23 screening centres now functioning nationwide would increase to 51 with the arrival soon of a £1.5 million (about N40 million) British aid.

SEYCHELLES

Twenty-Two Tested HIV Positive; No AIDS Cases

92WE0266A Victoria SEYCHELLES NATION
in English 29 Nov 91 pp 1, 2

[Text] There are 22 people who have been tested HIV positive in Seychelles, the Ministry of Health announced on Wednesday. They include two expatriates.

These people, most of whom are said to have engaged in heterosexual activities, are 12 males and 10 females. They have not yet developed the full-blown disease of AIDS, according to the health sources.

The announcement was made jointly by Health Minister Ralph Adam and Mrs. Medgee Pragassen, the program manager and director general for Primary Health, during a meeting on HIV and AIDS at the Maison du Peuple.

The "Sharing the Challenge" meeting which was attended by about 80 participants, was part of the Ministry of Health's activities to commemorate World AIDS Day 1991.

It was chaired by Minister Adam, who said that the aims were to inform participants of the global, regional and national situation of HIV/AIDS, the latest development and prospects for treatment and vaccination, create a climate of understanding and compassion for those affected, and draw attention to the human and social aspects of the problems of HIV infection and AIDS.

"HIV and AIDS are the concern of everyone. They are not only the concern of the Ministry of Health, for the disease involves all sectors of society, the family as well as the workforce," the Health Minister said.

But he added that despite the seriousness of HIV and AIDS "we are not powerless".

"It is the human element which counts," he added.

"As the theme of World AIDS day says we must all share the challenge," he explained.

After the Minister's speech Dr. Conrad Shamlaye addressed the participants on the global HIV/AIDS situation. Dr. Brewer, the WHO liaison officer and consultant pathologist, talked about the transmission of the disease and prospects for treatment and vaccination, while Mrs. Pragassen gave an account of Seychelles Medium Term Plan for the control of HIV and AIDS.

The participants who included ministers, senior government officials, representatives of non-governmental organizations, the business community and technical personnel involved in the control of HIV and AIDS, had the chance to seek further clarifications after each presentation.

Some of the participants suggested that this kind of meeting be held in all the parishes and that the Ministry of Health work in closer collaboration with the Church to promote safer sex.

However, Minister Adam said that while he welcomes all suggestions, the Ministry of Health has no alternative but to promote safe sex through the use of condoms. He said that his ministry will continue to support the educators.

The Minister appealed for more funds to deal with this problem which Dr. Shamlaye described as the major cause of death in young adults in the late 1990s.

SOUTH AFRICA

Health Minister Notes Numbers Testing HIV Positive

*MB1202151492 Johannesburg SAPA in English
1403 GMT 12 Feb 92*

[Text] Parliament Feb 12 SAPA—A total of 12,198 black South Africans has been tested HIV-positive by November 28 last year, the minister of national health, Dr. Rina Venter, said on Wednesday [12 February]. The AIDS virus had also infected 1,420 whites, 336 coloureds and 65 Indians, she said in a written reply to a question by Mr. Mike Ellis (DP [Democratic Party] Durban North). Cases of people who were tested HIV-positive were reported anonymously.

Cape Town AIDS Cases 'Doubles' in Year

*MB0203182292 Johannesburg SAPA in English
1802 GMT 2 Mar 92*

[Text] Cape Town Mar 2 SAPA—The number of people tested as HIV-positive in Cape Town has almost doubled in the past year, and deaths from AIDS have also escalated sharply, SABC [South African Broadcasting Corporation] radio news reports.

The city's medical officer of health, Dr. Michael Popkiss, told a City Council committee on Monday [2 March] that more than 1,300 people had tested HIV-positive by January this year. At the same time last year the figure was 787.

In the last year the number of AIDS cases had risen from 94 to a 140, and AIDS deaths had increased from 53 to 78, said Dr. Popkiss.

SWAZILAND

Director says AIDS Cases Overwhelming Health Services

*MB0502082892 Mbabane Swazi Television in English
1630 GMT 4 Feb 92*

[Text] Dr. John Mbambo, director of health services, officially opening an HIV-AIDS workshop at Forrester's Arms over the weekend noted that the number of AIDS cases was beginning to overwhelm the country's health services as we entered the second decade of the AIDS pandemic.

Dr. Mbambo then called for the strengthening of clinical care management so that our health workers can cope with the current situation. He said Swaziland will soon have to follow in the footsteps of Uganda and Zambia, which he said already handled large numbers of patients, adding that home-based, or community-based care was now well accepted in those countries. Dr. Mbambo also commented that while cases of tuberculosis had been declining in the 1970's, we were now seeing an increase

in the incidence of the disease, adding that the television program would also need further strengthening.

Urging the participants to share the skills and experiences they shall have attained from the workshop, Dr. Mbambo added that public health education was our major weapon in the absence of a cure, or vaccine for AIDS, which he said was posing a serious threat to the survival of mankind.

TANZANIA

Health Minister Reports Increase in AIDS

EA0402125092 Dar es Salaam Radio Tanzania
External Service in English 1600 GMT 3 Feb 92

[Text] The minister of health, Professor Philemon Sarung'i, says cases of the Acquired Immune Deficiency Syndrome, AIDS, in the country have increased by over 15 percent in six months. Prof. Sarung'i said the reported cases reached 31,463 by November last year from a total of 27,396 cases last June.

Opening a week-long AIDS control workshop organized by the African Medical Research Foundation, AMREF, in Dar es Salaam today, Prof. Sarung'i said by the end of 1991, over 80,000 people in the country were estimated to be infected by HIV that causes AIDS.

The minister said that AIDS victims were mainly in the sexually active group, which constitutes 39.4 percent of the country's population of between 15 and 44 years of age.

ZAMBIA

AIDS Illnesses Occupy 30 Percent of Beds

92WE0268A Lusaka SUNDAY TIMES OF ZAMBIA
in English 1 Dec 91 p 1

[Text] Bed occupancy in Zambia's main hospitals for AIDS-related illnesses has reached an alarming rate of 30 percent nation-wide.

Deputy Minister of Health Dr. Katele Kalumba said this at the launching of the World AIDS Day whose theme is "sharing the challenge" at Chilenje urban health center in Lusaka yesterday.

Dr. Kalumba said although the reported HIV and AIDS related deaths stood at 1,535, the true picture was only brought home by the tragic AIDS-related loss of loved ones families experienced everyday.

He said one only had to go to the cemetery and count how many loved ones have been buried under "that crowded city of the dead in the last month or two."

And World Health Organization (WHO) regional director for Africa, Dr. Gottlieb Lobe Monekosso has

said that there was need for families and communities to unite, more than before in the prevention and control of AIDS.

Health Minister on Hospitals' Admission of AIDS Patients

MB2802074092 Lusaka TIMES OF ZAMBIA
in English 13 Feb 92 p 3

[Text] The Minister of Health has issued orders to restrict admission of AIDS patients to serious cases only to ease congestion in wards and protect vulnerable patients from other diseases.

The ministry has instead resorted to intensifying the home care programme which was to be broadened to a national level so patients could be attended to at their homes and hospitals to deal with serious cases only, Deputy Health Minister Dr. Katele Kulumba said.

In an interview yesterday he said AIDS patients alone accounted for 30 percent of beds at the University Teaching Hospital (UTH) making it extremely difficult for hospital authorities to accommodate patients suffering from epidemics such as dysentery and cholera.

"It's not a ban but a mere restriction on admissions of AIDS patients in a bid to pull down soaring costs and do away with congestion in wards. The ministry is alternatively broadening operations of the home-care programme so that it reaches all parts of Zambia."

AIDS patients with "opportunistic diseases" which were minor would be attended to by health staff from homes.

And the World Health Organisation (WHO) has called for action directed at women, children and adolescents as a global strategy yesterday.

The WHO executive board recommended the adoption of the 1992 update of the global AIDS strategy which proposes better treatment and prevention for other sexually transmitted diseases.

"There is need for greater focus on prevention of HIV infection through improvement of women's health, education programmes, greater emphasis on the public health dangers of stigmatisation and discrimination, and increasing emphasis on care," the statement read in part.

The board has signed a \$2 million medical contract with Roche International of Switzerland for supply of chemistry and haematology equipment and reagents.

A spokesman said most of the 'equipment had arrived in Zambia and experts from Roche and France would come to conduct training' sessions for local medical technologists in operations and maintenance of the equipment from February 17-22.

Government is to consider privatising the dental sector with a view to improving operation standards.

Dr. Kalumba said Government would in the long run encourage private practice in the dental sector.

He urged companies to include dental care in their employees package.

ZIMBABWE

Condoms Use Rises 20 Percent in Manicaland

92WE0269A Harare THE HERALD in English
6 Dec 91 p 3

[Text] The Zimbabwe National Family Planning Council [ZNFPF] distributed more than a million condoms throughout Manicaland in nine months.

With the AIDS scourge, ZNFPF officials said the use of condoms was becoming popular with this year's figures being almost a 20 percent increase over the same period last year.

The figure could have been higher had it not been for a temporary shortage of condoms in June last year, said the officials.

In an interview yesterday, the ZNFPF Manicaland Provincial Nursing Officer, Sister Emilia Makoni, said: "During the period from January to September this year, we had more than 10,500 new cases at our various clinics throughout the province.

"This shows that more and more people are now aware of the existence of family planning facilities."

Manicaland, Masvingo AIDS Statistics

92WE0269B Harare THE HERALD in English
6 Dec 91 p 3

[Text] A recent AIDS survey conducted in Rusape on patients at the General Hospital showed that, of the 300 mothers whose blood samples were taken, 31 percent were HIV positive, the Manicaland Provincial Medical Director, Dr. Tendai Chimbadzwa, has said.

Speaking after he addressed a gathering at Meikles Park in Mutare to mark the National AIDS Day last Friday, Dr. Chimbadzwa said this was an alarming figure as it may lead to the belief that many pregnant mothers could be HIV positive throughout the province.

Of the 208 outpatients tested at the hospital, said Dr. Chimbadzwa, 28 percent were HIV positive. Thirty-nine percent of in-patients also tested positive.

"If we look at the fact that 31 percent of the pregnant mothers tested positive, these figures become a major concern to us. In most cases, the antenatal mothers are usually women in the 20 to 29-year-age groups and this figure is shocking. We are in for tough times, he added.

Dr. Chimbadzwa said the survey had prompted his office to carry out more surveys at all the province's major hospitals to determine the proportion of the AIDS epidemic.

On sexually transmitted diseases, Dr. Chimbadzwa said the number of affected people reporting to hospitals had increased. Last year alone, 130,000 cases of STD patients out of the 963,000 recorded countrywide were from Manicaland. In 1987, 670,000 cases were reported countrywide and of these 52,000 were from the province.

Meanwhile, Masvingo province has this year recorded 2,800 new cases of people with the HIV virus, which causes the acquired immune deficiency syndrome and by September, had 500 confirmed new AIDS cases with 200 more expected by year-end.

The Masvingo Provincial Medical Officer of Health, Dr. Robert Moy, said yesterday that 75 percent of people tested were HIV positive. Tests were done on people suspected of being HIV infected.

Dr. Moy said 15 percent of the 500 reported full-blown AIDS cases were children under the age of five years. He said those adults affected were mainly between the 20 and 40-year-age groups.

Dr. Moy, however, could not give figures of those who had died of the disease this year but said among children, AIDS was the third major killer in Masvingo province after pneumonia and malnutrition.

He said Masvingo town as the most affected while Mupandawana growth point in Gutu District, Nyika in Bikita and Zaka Jerera in Zaka had also recorded higher cases of AIDS.

Thirty-Three AIDS-Related Deaths in Mashonaland

92WE0269C Harare THE HERALD in English
12 Dec 91 p 4

[Text] Thirty-three people have died of AIDS related diseases in Mashonaland Central province since January this year while 236 others were infected with the disease during the same period.

The Mashonaland Central provincial medical director, Dr. Richard Munochiweyi, revealed in a recent interview that 53 percent of those infected were in the 20-39 year age group while about 17 percent were children under one year.

Dr. Munochiweyi said that most of the infected children contracted the disease from their mothers either during birth or pregnancy.

The doctor urged all sections of the community to change their moral and sexual behavior to fight the scourge.

Catholic Priest Discusses Spread of AIDS in Rushinga*MB2901060092 Johannesburg SAPA in English
2113 GMT 28 Jan 92*

[Text] Harare Jan 28 SAPA—About 60 percent of people in protected villages and refugee camps in Rushinga, Zimbabwe, are HIV positive, a Roman Catholic priest said on Tuesday.

ZIANA national news agency reports that during an address at a two-day workshop on the social implications of the economic reform programme in light of the Bible and the social teachings of the Catholic Church in Zimbabwe, Reverend Fidelis Mukonori of Marymount Mission said AIDS was spreading at an alarming rate in Rushinga.

"So far, 26 people have died of AIDS at Marymount Hospital, while 250 were currently under treatment," he said.

AIDS Figures Up 76 Percent for 1991*MB0102105092 Johannesburg SAPA in English
1907 GMT 31 Jan 92*

[Text] Harare Jan 31 SAPA—The number of AIDS cases registered in Zimbabwe soared by 76 percent last year to give the country a total of 10,551 cases since official records were published in 1987.

Figures released by the Ministry of Health's National AIDS Control Programme show that 4,557 people developed the disease during the year.

The data is obtained from public health laboratory blood tests for the virus.

In 1990 4,362 people contracted the disease.

Ministry of Health officials and private AIDS bodies say, however, that the official figures reveal only part of the picture: many more Zimbabweans who are likely to have the disease have not undergone laboratory tests.

Local press reports on Friday said 60 percent of people in the protected villages and refugees camps in the district of Rushinga in the remote north-east of the country—that until mid-last 1991 came under regular attack from Renamo [Mozambique National Resistance] guerrillas from Mozambique—had been found to be HIV positive after recent testing.

In keeping with trends seen elsewhere, 55 percent of the victims recorded since 1987 had belonged to the sexually active age group of between 20 and 40 years.

Children below the age of four accounted for 18 percent of AIDS sufferers.

Zimbabwe has the fifth highest cumulative number of AIDS cases in Africa, according to January figures issued by the health organisation.

It is led by Malawi with 12,074 cases, Zaire with 14,762, Uganda with 21,719, and Tanzania with 27,396.

Officials caution, however, that the figures are likely to be misleading because of severe underreporting in the continent's generally severely run-down health administrations.

Number of Children Orphaned by AIDS Increasing*MB1402055692 Johannesburg SAPA in English
2037 GMT 13 Feb 92*

[Text] Mutare Feb 13 SAPA—Manicaland Province in Zimbabwe has about 47,000 children under the age of 14 who were orphaned as a result of their parents dying of AIDS-related diseases, a meeting heard in Mutare on Thursday.

Of this, 10 percent had lost both parents, reports ZIANA National News Agency.

Presenting a paper at the three-day annual meeting of the Zimbabwe AIDS Network (ZAN) in Mutare, Dr. Ruth Shakespeare said the Ministry of Health had conducted a national maternal and child health survey last September which revealed that out of 294 households randomly selected in the province, 29.9 percent had AIDS orphans.

The survey, which was sponsored by the World Health Organisation (WHO), showed that out of a total of 904 children under the age of 14 surveyed, 61 or 6.8 percent of them had either one or both of their parents dead.

"For Manicaland, this means that we have about 47,000 children who have lost either one or both parents through AIDS," Dr. Shakespeare said, adding that 60 percent of AIDS orphans in the Mutasa District alone had lost a parent in the last two years.

As a result of the increasing number of AIDS orphans in the province, orphanages were becoming overcrowded, leading to the mortality rate of 25 percent of children under the age of one admitted in those institutions.

"So what we are doing, is we are setting up more orphanages to cope with the increasing numbers, but the work is still at a planning stage although we have a sponsor to fund it.

"The increasing number of orphans and decreasing number of wage earners is going to make the task very difficult," Dr. Shakespeare said.

Official Estimates on AIDS; Number of Orphans To Increase*MB0603113392 Johannesburg SABC TV 1 Network
in English 0500 GMT 6 Mar 92*

[Text] Official estimates are that one in 10 Zimbabweans has AIDS. The number of children orphaned in the country is set to skyrocket with latest figures showing that one in three pregnant women carries the HIV virus which commonly results in full blown AIDS. One hospital in east Zimbabwe is full of terminally ill AIDS victims and most of them have not made provision for their children.

Government Approach on AIDS Cases Reviewed
92WE0241A Hong Kong SOUTH CHINA MORNING POST in English 21 Nov 91 p 23

[Article by John Kohut]

[Text] Their families know it. So do their village leaders, and perhaps some of their neighbors. But the Chinese diagnosed as having caught the AIDS virus are not aware of their infection—or at least are not supposed to know.

"We tell his family, his wife, but of course not the person with the AIDS virus, because he would be afraid, and people would look down on him," said Yang Wenqiao, head of the public health bureau in Ruili County, where about 60 percent of China's AIDS cases have been found.

Of the 518 AIDS cases China has reported so far, 322 of them are here. Virtually all of the Ruili AIDS cases were caused by use of dirty needles to inject heroin, and 95 percent of them involve national minorities.

The reporting of large numbers of Chinese AIDS cases early last year was a dramatic admission for China's Government, and has, to some extent, changed perceptions of the disease.

Instead of seeing AIDS simply as a foreigners' disease, China's National AIDS Committee, at least, now recognizes that even Chinese who have had no direct contact with foreigners are also vulnerable, according to Dr. Bill Kean, the World Health Organization's chief representative in Beijing.

"The success story is that they take it on at the national level in a surprisingly frank way," said Dr. Kean, whose organization has advised the Chinese on carrying out blood tests. WHO also recently committed itself to contributing US\$8 million (about HK\$62 million) to an AIDS clinical management research programme over approximately three or four years, though so far it has raised only US\$1 million for 1991.

The Chinese Government's attitude compares well with that of Thailand's authorities, who throughout the 80s insisted their country had only a limited number of AIDS cases, and failed to control the spread of the HIV virus, only to face a crisis today, Dr. Kean said.

However, China now faces a clinical problem—how to take care of those who test HIV-positive.

According to Dr. Kean, "the big problem will come when HIV-positive cases start to develop AIDS." That will not only be very costly, but also require special training of doctors.

The policy of keeping the HIV-positive diagnosis secret from infected persons is not unusual in China. Victims of cancer are not told of their disease either, though their families are.

According to Mr. Yang, most of the AIDS virus carriers in Ruili are still healthy and continue to work. Health officials tell them only that they have an infection, and advise them to contact a doctor immediately upon feeling any discomfort or becoming ill.

When doctors visit AIDS virus carriers, they avoid using gloves or masks so as not to draw attention to the nature of the infection, but the extra care these patient get—including gifts of candy and milk—are often a tip-off to neighbors as well as the patient himself, Mr. Yang said.

Ruili has so far reported only two full-blown AIDS cases. Both were men who died last month.

One died within days of coming to a doctor with symptoms of full-blown AIDS, including diarrhea, fever, spitting blood and mouth inflammation.

The other was diagnosed as having AIDS in October 1990. He was 27 at the time of death, single, and had used heroin for eight years.

"Doctors went to his home two or three times a month," Mr. Yang said. "His mother took care of him. Whatever disease he had, she said he was still her son. She didn't care about him getting AIDS."

However, the picture of compassionate care Mr. Yang painted does not square with reports from other sources.

For example, three years ago one peasant who tested HIV positive was ostracized and his family had him sleeping in the field, until health authorities intervened and managed to get him back into his house, Dr. Kean said.

"There are stories of people being discriminated against because they are HIV-positive," Dr. Kean said. "In other cases, there is good counselling."

A more horrifying instance of prejudice and ignorance occurred last year, when China's Government announced the first two deaths of mainland Chinese males from AIDS.

One of the two men, a doctor who lived in Beijing after returning from a long stay in Europe, was entirely isolated after being put in hospital with AIDS.

"He was put in a separate ward, his family could not bring him anything, even a television set for fear the contact would cause the spread of the disease," one of the man's friends said.

"There was an appalling ignorance and lack of compassion on the part of the Chinese hospital which should have taken care of him."

Dr. Kean believes that some HIV-positive cases are probably in the early stages of AIDS, but are not being looked at carefully.

In Ruili, the authorities are planning to open a special hospital ward with 35 to 40 beds for AIDS cases next year.

Dr. Kean said China had done sample surveys or tests for AIDS on high-risk groups in all parts of China, and he did not think there would be further major surprises. Perhaps as many as 2,000 people now have the virus, "but I don't think it's 10 times the size [of the confirmed cases reported so far] or anything like that," Dr. Kean said.

Health officials have begun information programmes to teach people about AIDS in Ruili and other parts of Yunnan as well as the country's major cities.

Four AIDS Carriers in Shanghai

92WE0239A Hong Kong *SOUTH CHINA MORNING POST* in English 3 Dec 91 p 14

[Article by Daniel Kwan]

[Text] Authorities have admitted for the first time that Acquired Immune Deficiency Syndrome (AIDS) has spread to Shanghai.

Quoting medical officials, the semi-official Hong Kong China News Agency (HKCNA) revealed yesterday that four Shanghai residents have been confirmed as carriers of the disease.

Chinese authorities rarely comment on AIDS and have always blamed foreigners for spreading the disease in China.

The agency also confirmed speculation that the Government has failed to contain the disease in such remote provinces as Yunnan and Guangxi where many drug addicts are AIDS carriers.

And yesterday, the pro-Beijing Ta Kung Pao said that Shenzhen, China's most free special economic zone, had set up its first AIDS consultancy clinic.

The clinic provided patients with medical checkups and counselling services. The report said it would keep all patient's information confidential.

As well as the new clinic, located at the Huangguan customs checkpoint, an AIDS telephone hotline was opened yesterday.

The HKCNA report said that Shanghai began to "monitor its over 80,000 AIDS suspects" six years ago and the first positive report came in 1987.

"Before this year, all individuals who have been tested affirmative were foreign people," the HKCNA report said.

According to the Ministry of Health, 493 of China's 1.15 billion people have tested positive for the Human Immune Deficiency virus (HIV) that causes AIDS, and five have developed full-blown cases of the disease.

Guangdong Officials Concerned at AIDS Threat

HK2401141192 Hong Kong *AFP* in English 1226 GMT 24 Jan 92

[Text] Beijing, 24 Jan (AFP)—Medical officials in China's southern Guangdong province are seriously concerned at the growing threat posed by the spread of the AIDS virus.

In the first ten months of 1991, four carriers of the human immunodeficiency virus (HIV) that leads to AIDS were registered in the province, said the Shanghai Evening News [as received], dated January 22 but received here Friday.

This compared with nine cases for the entire period covering 1986-1990, and reflected the seriousness of the situation, the newspaper quoted a senior provincial health official as saying.

Of the 22 cases of HIV infection so far recorded, 15 have been foreigners or Chinese who had contracted the virus while working overseas, mainly in Thailand.

According to ministry of health statistics, there are some 500 HIV carriers in China, with most concentrated in the southern province of Yunnan which has a serious drug problem. Five people have developed full blown cases of the disease.

HONG KONG

Two More HIV Virus Carriers Identified

92WE0240A Hong Kong THE HONGKONG
STANDARD in English 27 Nov 91 p 6

[Article by Rita Lun]

[Text] Two people, including a prostitute were found to be HIV virus carriers last month, while a man had developed full-blown AIDS after contracting the virus through sexual intercourse, according to the Health Department.

This brings the total number of AIDS cases in Hong Kong to 58, of which 39 have died, while the others are either receiving treatment or have left the territory.

The latest HIV virus carriers diagnosed raises the total number of HIV carriers to 193, including three prostitutes.

The steady increase in both groups has sparked concern over the use of condoms during sexual intercourse—through which AIDS is most easily transmitted.

Dr. Lee Shui-shan, a consultant at the Department of Health's special preventive program, warned yesterday that local prostitutes were still vulnerable to AIDS infection as many of their customers refused to use condoms.

"Many of them (the prostitutes) are not using condoms, even though they are carrying them, because of some customers' objections," he said.

Dr. Lee called for more public education and counselling on the use of condoms during intercourse with prostitutes.

Territory Involved in Smuggling Banned AIDS Drug to U.S.

HK1901031892 Hong Kong THE SUNDAY
STANDARD in English 19 Jan 92 p 1-3

[Article by Martin Freeman]

[Text] Hong Kong is involved in an international network smuggling a banned anti-AIDS drug into the United States.

At one end of the trail is a traditional Chinese herbal root.

At the other are desperate AIDS sufferers, risking potentially-deadly side-effects from the untested extract from the root, who believe the compound can help them beat the disease.

They receive the drug intravenously in underground "guerilla" clinics in the United States.

The drug is trichosanthin—extracted from the Chinese cucumber root, tian hua fen—also known as compound Q.

The secrecy is necessary because Q is unregistered in the U.S. and imports of it were banned after two people died during underground trials in San Francisco in 1989.

The drug is also undergoing official tests in America, which began the same year—but the process of approval by the Food and Drug Administration takes four or more years.

People with AIDS do not have that long to wait.

THE SUNDAY STANDARD has learned that one or more people infected with HIV—the virus that causes AIDS—are travelling to the U.S. for treatment with Q at an underground clinic.

AIDS workers in Hong Kong are aware of the trips. They have issued warnings about the possibility of dangerous, even fatal, side effects from the drug.

However, any of Hong Kong's 203 HIV carriers or 20 AIDS sufferers who want Q have no alternative but to travel to the U.S.—doctors here are said to be unwilling to administer it because the drug is not registered in the territory.

Trichosanthin is produced in China, principally in two factories in Shanghai and north of Nanking.

Some U.S. AIDS patients obtain their supplies direct from China.

But Hong Kong—where the herbal root is widely available in Chinese medicine shops—is another target.

A source at one pharmaceutical manufacturer told THE STANDARD: "My company has supplied some American AIDS patients who take the drug to the United States."

He said his company was not the only one involved in the supply in Hong Kong.

The firm supplied a purified form of trichosanthin which was then further refined in the U.S..

The source declined to give other details.

Q grabbed the limelight in the battle against AIDS following work by Dr. Yeung Hin-wing of the Chinese University of Hong Kong.

In the 1970s he found that the compound, previously regarded only as an abortion drug, attacked macrophages, an immune system cell that was later shown to act as a host for the HIV virus.

In the 1980s joint laboratory research with the University of California in San Francisco showed compound Q appeared to be successful as an HIV virus killer.

"Officially, nobody in Hong Kong is taking compound Q," said Dr. Lee Shui-shan, head of the Department of Health's AIDS prevention programme.

"But unofficially, there are people taking it."

Dr. Patrick Li, of the Hong Kong AIDS Foundation, confirmed: "I know of one patient who goes to the (United) States to be injected with compound Q."

Patients seeking treatment in Hong Kong were always asked whether they were taking any other medication, he said.

"If they ask about compound Q we tell them there could be dangerous side effects that might affect their nervous system and be fatal.

"If they are using it, we cannot say that they must stop using it. We note it, and monitor their progress.

"I do not think any doctor in Hong Kong would be willing to administer the drug."

Li said that it was difficult to comment on the benefits claimed for Q.

Initial successes were reported in boosting the body's immune system and the drug had passed the first stage of FDA testing in 1990. It had attracted less attention since.

It was possible that the side effects were due to the impurities—problems which might be overcome, he said.

However, the drug had not featured to any great extent at the last major international AIDS conference.

Li said that Q could come to be seen as an additional treatment that might be valuable to patients.

But the AIDS sufferers who are currently risking their lives at the underground clinics are more certain.

One sufferer Scott Powell, 35, who runs a monthly clinic in New York, said: "I have had very good results on compound Q.

"At first I suffered major difficulties—the side effects can be fierce—but I rapidly built up tolerance."

When he comes off the drug, AIDS takes over.

"My hair falls out, I lose weight, I become impotent—I start to die."

JAPAN

AIDS Sufferers, Carriers Increase to 553 in 1991

OW2801135392 Tokyo KYODO in English 1321 GMT 28 Jan 92

[Text] Tokyo, Jan. 28 (KYODO)—The number of AIDS sufferers and carriers of the HIV virus in Japan increased 238 during 1991 to 553, a government panel said Tuesday.

The AIDS Surveillance Committee of the Health and Welfare Ministry confirmed 38 new cases of AIDS sufferers and 200 carriers last year. Both figures exclude people infected through blood transfusions.

Committee officials said the number of new cases involving foreign women, mainly from Southeast Asia, jumped 5.8 times from 1990.

Of the 238 newly discovered patients and carriers, the officials said, 123 were infected through heterosexual intercourse and 38 via homosexual relations. The new carriers include a newly born child who is believed to have been infected through its mother.

The committee noted 105 foreign women and 40 foreign men were confirmed as sufferers or carriers, while there were 76 Japanese men and 17 Japanese women.

Twenty-nine people, including people infected through transfusions, died from AIDS in 1991, raising the total of AIDS fatalities in Japan to 237.

SOUTH KOREA

Three More AIDS Cases in Jan

SK0102022492 Seoul THE KOREA HERALD in English 1 Feb 92 p 3

[Text] Three men in their 20s have been found infected with AIDS in January, according to the Health and Social Affairs Ministry yesterday.

A ministry spokesman said that a 29-year-old man, identified only as Cha, had been infected with the acquired immune deficiency syndrome virus while having sexual intercourse in a foreign country, while the other two, aged 24 and 27, respectively, are homosexual.

Health Ministry Reports Nine AIDS Cases for Feb

SK2902070292 Seoul YONHAP in English 0559 GMT 29 Feb 92

[Text] Seoul, Feb 29 (YONHAP)—The Health and Social Affairs Ministry announced Saturday that in February nine people tested positive for the virus that causes AIDS [acquired immunodeficiency syndrome].

Two acquired the human immunodeficiency virus [HIV] through sexual contacts in African and European countries, and the ministry is trying to find out how the other seven were infected.

Five of the people are heterosexual and four are homosexual, a ministry spokesman said.

South Korea now has 165 people who are HIV carriers (148 men and 17 women). Fifteen have died and one has emigrated.

MALAYSIA

Deputy Minister Reports on Increasing HIV Cases

BK2512095891 Kuala Lumpur NEW STRAITS TIMES in English 23 Dec 91 p 1

[Text] Kuala Lumpur, Sun—More than 2,200 Malaysians have been reported to be infected with the Human Immuno-Deficiency Virus (HIV) and the number is expected to increase, Deputy Health Minister Farid Ariffin said today.

He said the ministry was keeping close tabs on the relevant authorities to check on the increase and at the same time educate the public on the dangers of the disease.

Encik [Mr.] Farid said 30 Malaysians have so far died from Acquired Immune Deficiency Syndrome (AIDS) and seven more have been reported to be suffering from the disease.

Encik Farid said stringent measures were being taken to educate the public on the disease including using peer pressure to educate high-risk groups.

"The peer group approach is turning out to be successful and in the long run it can help curb the spread of the disease," he told reporters after speaking on AIDS over TV3's Sekapur Sirih morning programme.

The approach calls for training and educating some members of the high-risk groups on AIDS and how to take precautions to prevent the spread of the disease.

Asked on cases where medical staff, including doctors and nurses, were found to be victims of the disease, Encik Farid said as far as he knew there were no such cases here.

However, he said he would initiate checks following rumours that some doctors and nurses handling AIDS and HIV victims were found to have become victims of the disease following blood tests carried out in the Institute for Medical Research here.

Encik Farid said although the ministry did not force doctors to carry out blood tests, they were encouraged to do so as they were in a much higher risk of getting the disease from the patient.

The ministry has also trained 16,000 people to help the Government in its efforts to fight AIDS.

The National Task Force on AIDS was in the midst of preparing an action plan to fight the deadly disease and the 16,000 would be roped in to help implement it.

With Encik Farid during the segment of the programme was a man—husband of an AIDS victim who died in March this year—who spoke of his experience.

Encik Farid praised him for coming forward to share his experience with the public.

Health Ministry To Build Hospital for AIDS Sufferers

BK1202041092 Kuala Lumpur BERNAMA in English 0321 GMT 12 Feb 92

[Text] Kuala Lumpur, Feb 12 (OANA-BERNAMA)—The Malaysian Health Ministry plans to build a special hospital in west-coast Selangor state, for acquired immune deficiency syndrome (AIDS) sufferers.

Health Minister Lee Kim Sai said Wednesday, the hospital was necessary to treat HIV [Human Immuno-Deficiency Virus] carriers who numbered 2,651 as of January 16, 1992. These people however, would develop full blown AIDS in about 10 years from now if no effective vaccine was discovered by then, he said.

The hospital will be just like any other hospital but will be only for AIDS cases, he added.

With this move, there would not be any objection from patients at existing hospitals, Lee said. He stressed that the government had to plan for a very big hospital for AIDS sufferers in view of the large number of HIV carriers. He said 32 of the 42 AIDS sufferers in the country had died as of January 16 this year.

NEW ZEALAND

Over 300 Cases of AIDS Reported by 1991 Year End

BK1702113892 Hong Kong AFP in English 1118 GMT 17 Feb 92

[Text] Wellington, Feb 17 (AFP)—New Zealand had recorded a total of 310 cases of people with full-blown AIDS, of whom 209 had already died, by the end of 1991, the Otago Medical School said Monday.

Since New Zealand recorded its first three Acquired Immune Deficiency Syndrome (AIDS) cases in 1984, 209 people had died of the disease and 91 were still alive, the Dunedin-based university's preventative and social medicine department said in its quarterly report on the disease.

Ten other people recorded with the disease were either overseas or could not be traced, the report said.

Last year, 78 people developed full-blown AIDS, of whom 75 were male and three were female, the report said.

Homosexuals and bisexuals accounted for 64 of the total, heterosexuals for five, and homosexuals/injecting drug users and injecting drug users for three each.

New Zealand, with 9.1 AIDS cases per 100,000 people, ranked behind the United States with 79.7, Canada's 20.1 and Australia's 18.7, but ahead of Britain's 8.5, the report said.

No transfusion or perinatal-related cases noted last year, and it was unknown how the other three contracted the disease.

The report said 41 percent of all New Zealand's AIDS cases came from the 30-39-year age group, 27 percent were aged 40-49-years, and 18 percent were aged 20-29.

SINGAPORE

Parliament Passes Amendment Bill to Check AIDS Infection

BK2902055692 Singapore *THE STRAITS TIMES* in English 28 Feb 92 p 27

[Excerpt] AIDS carries who have sex without first telling their partners about their infection will be taken to task by the law under an amendment Bill passed in Parliament yesterday.

They could be fined up to \$10,000 [Singapore dollar], jailed for up to two years, or both, said Health Minister Yeo Cheow Tong when he moved the Infectious Diseases (Amendment) Bill.

Similar penalties would apply if AIDS-infected or HIV-positive persons refuse to undergo counselling or give blood at any Singapore blood bank.

The bill also protects the identity of any person found to be HIV-positive except in certain circumstances listed in the Bill, such as when the court orders disclosure of the patient's identity.

Fines for offences under the act for which no penalty has been specified, such as not having proper vaccination papers on leaving or entering Singapore, have now been set at \$5,000 [Singapore dollars] for first convictions, and \$10,000 for later convictions.

Besides dealing with AIDS, the bill also gives the Health Ministry powers to control the spread of other infectious diseases, such as Legionellosis and Hand, Foot and Mouth Disease. At present, these are not listed under the law as diseases which must be reported to the health authorities.

Mr. Yeo told Parliament that Singapore now had 111 HIV-positive victims, with the number of new cases rising each year.

Forty-two cases were reported last year, up from 17 in 1990 and 10 in 1989.

Health Ministry figures showed that eight new cases were uncovered last month alone.

This means that 1992's figures could well be double last year's.

Mr. Yeo also said that the majority of those infected were heterosexuals, rather than homosexuals and intravenous drug addicts.

Advising the public to stay away from "high-risk" activities, he said his ministry would step up its AIDS education programme. [passage omitted]

THAILAND

AIDS Profile; Safe Sex Attitudes Reported

92WE0167B Bangkok *THAI RAT* in Thai 22 Nov 91 pp 1, 14

[Excerpt] [passage omitted] Even though there is a broad effort to prevent AIDS, it appears that the disease is still spreading. A correspondent reported yesterday (21 November) that at the 1991 National Demographics Meeting held by the Demographer's Society at the Royal River Hotel, Miss Thatsani Thipsaiya from the Nakhon Pathom Medical Center presented the results of her research on "Efforts to Keep People From Contracting the AIDS Virus in Nakhon Pathom Province During the Period From December 1989 and November 1991." She found that in Nakhon Pathom 58 percent of the prostitutes had contracted the AIDS virus. This had increased from 19 percent or had tripled since December 1989. The incidence was higher than it was for prostitutes in Chiang Mai where it was 40 percent. The incidence of AIDS among IV drug users in Nakhon Pathom was 26 percent. The incidence among men tested for venereal disease was 9 percent, and for secret female prostitutes the incidence was 6.5 percent. The incidence among these last two categories had increased six times since 1989. The incidence among pregnant women was 1.5 percent; generally these were first pregnancies and the husband had used prostitutes before getting married. The incidence among blood donors was 1.2 percent. From these figures it was calculated that there were 3,743 AIDS cases in Nakhon Pathom.

Miss Thatsani said that this situation indicated that AIDS had spread broadly throughout society and had reached the family and that those using prostitutes were not using condoms. Therefore she requested that people teach their children how to prevent AIDS because even 10 year old children in Nakhon Pathom had contracted AIDS.

Dr. Naowarat Phalainoi of the Mahidon University Sociology Faculty presented his study on "Research on AIDS Education Among Fishermen." He found that young crewmen had many opportunities to contract

AIDS. From his study of 197 young crewmen from Trat Province, Phetburi Province, Prachuap Khiri Khan Province, Nakhon Si Thammarat Province and Ranong Province he found that the crewmen worked 20 to 25 days per trip and had to work very hard because they shared a percentage of the profits with the ship owner. When they were at sea there was IV drug use. When they came ashore they drank, gambled and used prostitutes. Only 21 percent used condoms each time they used a prostitute. Of those who did not use condoms, 25 percent felt that even though there was a danger of contracting AIDS it was still better not to lose the feeling of sex. This was because the crewmen still did not understand as much as they should about AIDS. Some said that they had never known of a person dying from AIDS and thought incorrectly that a prostitute who visited a doctor would not have AIDS.

Mr. Naowarat also said that the reason crewmen did not use condoms was that 90 percent of them inserted a pearl in the sexual organ which moved back and forth during sex and was felt to please their partners. If they used a condom, the pearl did not move as it should and hurt both parties and so they did not use condoms. Providing information for the crewmen was difficult because they did not stay in one place. They moved about as groups and therefore information about AIDS could be passed on by ships' officers or magazines which the crewmen liked to read.

Songkhla Province AIDS Statistics Cited

92WE0167C Bangkok SIAM RAT in Thai 22 Nov 91
pp 1, 16

[Excerpts] [passage omitted] Dr. Bunchai Bunbophalat, the director of the Communicable Disease Center for Area 12 in Songkhla, explained in the meeting that the spread of the disease in Songkhla Province was just in its initial stage. It had not reached the stage where it was spreading a great deal as had been reported. [passage omitted] According to the latest statistics for those with AIDS derived from examinations at the center, there had been a decrease. There had been only eight per 1,000 with the virus. [passage omitted]

Thirty Percent of Army May Get AIDS

92WE0167A Bangkok NAE0 NA in Thai 23 Nov 91 p 9

[Excerpt] As reported by the Army Medical Department there was a meeting of those involved [with AIDS] at the Phailin Hotel in Phitsanulok Province which was chaired by Lieutenant General Phairot Chan-urai, the commander of the Third Army Region. Mr. Michai Wirawaithaya, a minister attached to the Office of the Prime Minister, attended the meeting along with the governors of 17 provinces and 150 military and police commanders.

Officials of the Army Medical Department revealed that blood tests of personnel entering the military indicated that more and more of those drafted had the AIDS virus

every year. In 1989 0.5 percent had the AIDS virus. In 1990 the figure had increased to 2.5 percent, and in 1991 the figure increased again to 3.2 percent. It was also found that personnel drafted who were native to some provinces in the North had an incidence of 17 percent.

Therefore it was felt that if every group did not cooperate in changing its behavior or adopting the appropriate measures to block the spread of AIDS, in another 10 years at least 30 percent of the soldiers in the Thai military would have the AIDS virus. The consequence would be that there would be a lack of healthy soldiers to defend against the enemies who would certainly violate the nation's sovereignty.

At the meeting resolutions were passed specifying urgent measures to be taken. The commander of the Third Army Region stressed that the province governors, military and police unit commanders and all others involved in leadership positions should take effective steps which could be summarized as follows:

1. The province governors were to specify clear policies which would prevent the spread of AIDS in the brothels or places of entertainment in their provinces. In addition they were to prohibit strictly the opening of more brothels or such places of entertainment in their provinces.
2. The province governors, district heads, police officials and public health officials were to cooperate in pressuring the owners or managers of various brothels to make them insist that the prostitutes use condoms with all customers and to make them send all the prostitutes for regular health checks.
3. The laws prohibiting prostitution and the laws concerning brothels were to be applied to punish the owners of brothels who did not cooperate with officials in educating people about AIDS, in sending all prostitutes for health checks or in making sure that prostitutes used condoms effectively.
4. The police were to check for and strictly prohibit prostitution among children and adolescents under 18. They were also to prohibit strictly women being forced into prostitution and presentations which were sexually arousing.
5. Military commanders at all levels were to explain to their personnel the problem AIDS presented to all active-duty units as well as to individual soldiers and their families. They were to distribute condoms to soldiers every time they left their unit.
6. Military units which were assigned to psychological operations among the people and among various groups were to include public relations and information about AIDS for the people each time there was an operation. [passage omitted]

AIDS Vaccine, New Strain Draw Comments

92WE0167D Bangkok DAO SIAM in Thai 26 Nov 91
pp 1,18

[Excerpts] [passage omitted] At 1000 hours on 25 November at the Soemmitbin-khao Restaurant Mr. Bunsoem Thawankun, a former Chat Thai Party MP [member of parliament] from Phichit and a former committee member for public health and the environment in the National Assembly, allowed himself to be interviewed by reporters. [passage omitted]

He said that inasmuch as we had a major public relations effort under way and most Thai people were acquainted with AIDS, The United States would want to use Thai people to experiment with AIDS drugs. He did not agree with this. If there were actual experimentation, the United States would make a major public relations effort to get Thai people to use the U.S. vaccine. This would cause other countries throughout the world to think of Thailand as a country with a great deal of AIDS. We must consider carefully whether it would be appropriate to let Thai people take part in tests of AIDS drugs and whether it would be good to have countries throughout the world think that Thailand was a country where the AIDS virus was cultivated. We must consider carefully whether there would be an effect on tourism and the economy or not. We must consider everything before we decide to bring in medicine for experiments on Thai people or a U.S. vaccine to use on Thai people as an experiment. We could have Thai doctors conduct the experiments without U.S. involvement. Would it be an insult for Thai doctors if U.S. doctors were to conduct AIDS experiments on Thai people?

Mr. Bunsoem also asked whether Thailand's reputation would be hurt if the United States actually conducted experiments and announced that Thailand was a country which brought in experimental U.S. medicine to use. This must be carefully considered. The United States thought that Thailand had a great deal of AIDS and so the Thai people should be used for AIDS experiments. He wanted to say frankly that he did not want to have the Thai people used in experiments with AIDS drugs.

During a tour given to the media from 22 to 24 November concerning the public health work being done in Chiang Mai Province, Dr. Uthai Sutsuk, an undersecretary of public health, spoke about an AIDS vaccine which the World Health Organization would bring in to experiment with the treatment of people with the AIDS virus in Thailand. [passage omitted]

The undersecretary spoke about the new strain of AIDS found in Chiang Mai Province which had been named the Chiang Mai strain. He felt it was inappropriate to so name the virus because it could hurt our country's image. Virus strains varied normally because countries and areas varied. For example HIV 1 was isolated in the United States and HIV 2 in Africa. If new strains were

found, they could be called HIV 1/1, HIV 1/2, HIV 2/1 or HIV2/2. This would be the case because there were differences in people

He said that in 1992 he would have the provincial public health services strive to achieve 100 percent condom usage. There were only 11 provinces that had achieved 100 percent condom usage so far.

"[This was achieved] by stressing that it was to be done in all the brothels. It has been achieved abroad, for example in England there has been 100 percent condom usage for 30 years. If one goes there, one finds that if a customer does not wear a condom at a brothel, the prostitute will refuse to have sex and will gladly refund the customers money. I feel that we should follow England's example. I feel that the policy of 100 percent condom usage would be a New Year's present to give to the people in 1992." [passage omitted]

Specialists Comment on AIDS Projections, Vaccine

92WE0183A Bangkok SIAM RAT SAPDA WICHAN
in Thai 1-7 Dec 91 pp 14-16

[Excerpts] [passage omitted] The Ministry of Public Health estimates that as of June 1991, there were approximately 200-400,000 people with the AIDS virus. The number of people with the virus is increasing by about 700-1,000 people a day.

Dr. Apichat Niraphatphongphon, a member of the Family Planning Association of Thailand, said that "if this situation continues, within 10 years, approximately 2-4 million Thais will have the AIDS virus. And within 10 years, these people will die unless a drug to treat this disease is found. [passage omitted]

Today, AIDS has spread to all groups. It is now common among homosexuals, drug addicts, prostitutes, housewives, and infants. There are no longer any "at-risk" groups. Approximately 14-15 percent of the prostitutes nationwide have the virus. In some provinces, particularly in the north, the percentage is as high as 65 percent. About 2 percent of our military recruits approximately 20 years of age have the disease. In the upper northern region, such as in Chiang Mai and Chiang Rai Provinces, the rate is as high as 14 percent. The rate among men who frequent prostitutes is 20-25 percent. [passage omitted]

Unless a vaccine is found, within the next 10 years, at least 4 million people will contract AIDS, and all of these will die. This is a major problem that must be solved.

"Where will these people live. Today, there are 300,000 AIDS patients, but there are only 90,000 beds at public and private hospitals. And there aren't enough doctors," said Dr. Aphichat of the Family Planning Association of Thailand. "Doctors simply can't look after all these people. They can help only a few of these. What will be done with the rest of these people? [passage omitted]

Dr. Thepphanom Muangmaen, the dean of the Faculty of Public Health at Mahidol University, said that "it costs about 1.2 million baht to treat AIDS patients counting from the time that they contract the disease until they die. It costs thousands of baht a day to provide treatment. They have to take 10 pills a day, pills that cost 69 baht per tablet. And there are other costs in treating them."

It is estimated that Thais with AIDS will die within two years. But Americans with this disease live up to five years. This shows the difference in the quality of life between a developed country and a third-world country.

The director-general of the Department of Communicable Disease Control and public health experts agree that testing an AIDS vaccine in Thailand will benefit Thais.

Dr. Nat Phomprawat, the rector of Mahidol University and a member of the Vaccination Program of the World Health Organization, told SAPDA WICHAN that there are three types of AIDS vaccines that will be tested in Thailand:

1. A vaccine to prevent people from contracting the HIV virus from people who already have the disease.
2. A vaccine to treat the HIV virus in people who already have the disease. This will be used in conjunction with other drugs to prevent complications or to prevent physical deterioration.
3. A vaccine to prevent unborn infants from contracting the disease from their infected mothers.

"These vaccines will be tested in three stages. That is, after the drugs have been tested in the laboratory and on test animals, if a vaccine proves to be effective and provides immunity, it will be tested on a small group of people. That is the first step," said Dr. Nat.

"The tests conducted on this small group of people will be monitored closely by doctors. If the results are good and the drug is safe, we will proceed to the second stage, which is to increase the number of people given the drugs. Normally, when testing vaccines in this stage, the subjects will be injected with the virus in order to determine whether the vaccine is effective. But in the case of the AIDS vaccine, I don't think that we will inject people with the AIDS virus, because this is a very dangerous disease.

If the second-stage tests yield good results, researchers will move on to the third stage. The vaccines will be given to large numbers of people, who will not be monitored closely. The results will be checked periodically.

"The World Health Organization will send a questionnaire to various countries. If a country is interested, it will inform the WHO that it is interested in having tests

conducted there. Besides Thailand, India and 10 other countries in Africa and South America have expressed an interest, said Dr. Nat.

The WHO will choose six countries to represent the peoples of different continents.

"They have sent a team to study our readiness. This team will visit the north and the northeast. Medical researchers at Khon Kaen University and Chiang Mai University are prepared," said Dr. Thira Rammasut, the director-general of the Department of Communicable Disease Control, to SAPDA WICHAN.

This study of our readiness is expected to take one to two years. The actual testing of the vaccines will take four to five years. It may be 10 years before the actual results are known.

"If the World Health Organization selects Thailand, a research framework will have to be formulated and submitted to the research committee of the ministry and to the Human Research Committee for approval."

After that, a research team will be established. This team will be composed of epidemiologists, laboratory scientists, officials to manage the vaccines in practice, sociologists, and psychologists, who will study the details.

The reason why Thailand is interested in testing these AIDS vaccines is that this will help develop Thailand and raise the level of awareness of people in medical circles, particularly researchers and epidemiologists. Besides this, those countries in which the vaccines are tested may have the right to use these vaccines before other countries if the tests are successful.

"Besides this, we may be able to reach an agreement with the producers of these vaccines and ask to purchase them at a lower price. Because if these vaccines prove to be effective, they will be very expensive," said Dr. Nat.

"Something else that is important is that the subjects of these tests will have to be monitored closely by doctors. They will have to be provided with a place to stay, food, and other conveniences just as if they were at home. Thus, if tests are conducted in industrial countries, costs will be very high. But these costs will be lower in third-world countries."

Dr. Nat said that even though the AIDS viruses belong to the same family, in each country or on each continent, the virus is of a different type. Thus, better results will be achieved if tests are conducted in each area.

Will Thais be guinea pigs?

"That's not true," said the director-general of the Department of Communicable Disease Control to SAPDA WICHAN. These vaccines will have been tested in the laboratory and on animals to see how effective they are and if they provide immunity. Only then will phase one tests be conducted on 20-50 human volunteers. During the second phase, the number of subjects

will be increased to 100. During this phase, the results will be studied in great depth to determine what dosages should be given, how far apart the injections should be given, and how much immunity the vaccine affords. Only then will we advance to phase 3. During that phase, we will use approximately 1,000 volunteers to measure the long-term results.

"The tests will be conducted very carefully. You can't treat human subjects carelessly. We have a Human Research Committee to monitor things. If the data collected during the first two phases do not indicate that this is safe, the tests will be stopped. Thus, there shouldn't be any problems," said Dr. Thira.

"Those who are tested must volunteer to do this. They must not be forced. They must sign a waiver stating that they agree to accept the risk. They will be given guidance and provided with explanations by doctors," said Dr. Nat. "The groups that we are concerned about are soldiers and prisoners. These are people who have little opportunity in society. We must take steps to ensure that they are not coerced into 'volunteering for this.'"

The director-general of the Department of Communicable Disease Control said that researchers must inform people concerning what steps will be taken to help them if they experience side effects or negative results. They must be told how safe this is and what steps will be taken to protect them.

Those who will be tested with the first type of vaccine include people in at-risk groups such as prostitutes, male tourists, homosexuals, intravenous drug users, and those who come in close contact with AIDS patients. People who already have AIDS will be given the second type of vaccine. The third type of vaccine will be given to pregnant women who have AIDS.

"The rumors that we will test the vaccine on hill tribesmen are not true. The sample group must be representative of all the people who live in various AIDS-infected areas. Thus, the vaccine can't be tested just among hill tribesmen," said Dr. Thira.

Even though the medical benefits are clear, Dr. Nat said that we must be careful about and study the social and ethical effects stemming from such tests and take steps to prevent harmful effects.

"The first thing is how others will view those who are participating in this study. If their colleagues at work know that they are taking the vaccine and have to have blood tests every day, will they tend to avoid them? Thus, we have to consider what steps we can take to conceal the identity of those who are participating in this study.

"Besides this, there are the views of those who are participating in the study. If they think that the vaccine is effective, they may lose their fear of contracting AIDS and engage in improper sexual activities. They may not

take precautions when engaging in sexual activities. That could increase their risk of contracting AIDS."

Also, some test subjects will be given placebos in order to be certain about the test results. The subjects will not know whether they are being given the vaccine or a placebo. If a person who is given a placebo thinks that he has been given the vaccine and is not careful when engaging in sexual activities, thinking that the vaccine will protect him, that will not be fair to that person.

"Something else that is important is that the test subjects and the doctors involved in the test must be protected in accordance with the law. Because if the results are negative, even if the subjects sign a waiver, the doctors may still be liable," said the rector of Mahidol University.

In determining which countries to select to participate in this study, the World Health Organization will look at epidemiology accuracy, examinations for and the spread of the disease, the security situation in the country, whether the country is interested in this and realizes the importance of AIDS, the expertise of researchers, and the behavior of the people in the country.

"The World Health Organization will hold another meeting on this on 1-2 November. This matter must be considered very carefully, because this is the first time that an AIDS vaccine will be tested. But this is also an urgent matter, because this problem can't wait," said Dr. Nat to SAPDA WICHAN.

But all that Thais can do is wait and see.

Project Official Discusses AIDS Awareness

92WE0183B Bangkok SIAM RAT SAPDA WICHAN
in Thai 15-21 Dec 91 pp 22, 23

[Excerpts] The latest act by Dr. Wirasit Sitthitrai that has created a quite a stir is his statement that about 550,000 Thais engage in pre-and extra-marital sex each day. As for where he got this figure, let's first get to know him better.

Besides being the deputy director of the AIDS program for social affairs of the Thai Red Cross, Dr. Wirasit is an instructor with the Institute of Population Studies, Chulalongkorn University. He received his Ph.D. in political science and anthropology. He has also taken courses concerning agriculture, irrigation, population studies, and even computer research. After becoming an instructor at Chulalongkorn University, he had a chance to participate in the work of Phisan Munlasatsathon during the period that Phisan served as the undersecretary of interior. During that period, he participated in activities with the Office of the Prime Minister aimed at developing small water sites. As a result, he learned how to coordinate things with other units at the national level. Now that he is involved in AIDS projects, he is putting his experience in coordinating things to good use in carrying on AIDS work. [passage omitted]

Studies conducted by the Ministry of Public Health and the World Health Organization indicate that unless changes are made and unless action is taken to inform people, the number of Thais with AIDS will increase to 4 million within the next 10 years. Another way of saying this is that by the year 2000, one out of every three people who die will die of AIDS.

"Based on the data that we have, I think that that is probably true. You have to see what is happening in Africa. We are not not doing enough. In Africa, AIDS has spread like a wildfire. It's shocking. In Thailand, studies done by public hospitals have shown that 0.7 percent of the pregnant women tested have the AIDS virus. This figure is expected to rise to 1 percent by the end of this year. And unless a vaccine is available within the next five years, they will die within three to 15 years," said Dr. Wirasit. Those who have the AIDS virus will later develop full-blown cases of AIDS, and they will certainly die. How soon they die depends on their physical condition.

If a person who contracts the AIDS virus is physically weak, he or she will probably show symptoms within three years and die two to three years after that. Those who are physically strong may live for up to 15 years. That is, after 15 years, they will develop symptoms and die within one to two years.

"This is what will happen unless a vaccine is found."

As for Thailand being one of the four countries to test an AIDS vaccine, Dr. Wirasit said that this must be viewed from at least three angles:

First is the humanitarian aspect. Those who are tested must be volunteers. They must not be coerced into participating in this. Those in charge of the program must take full responsibility for those participating in the test program.

Second is the benefit to Thailand. That is, once an effective vaccine is found, the producers shouldn't be allowed to sell it to Thais at a high price. There must be a clear agreement on this from the very beginning.

Third is the matter of public relations. People must understand that in testing an AIDS vaccine, it will take approximately five years before the results are known. People shouldn't think that just because a vaccine is being tested, they can now engage in unsafe sexual activities. Public relations activities must be carried on to keep people informed.

"Looking at these three aspects, I don't think that we can be called guinea pigs. The people and mass media must exert pressure to bring this about."

As for those who feel that this is a disgrace to Thailand, Dr. Wirasit said that today, AIDS is spreading in all countries. Also, the present government has a policy of admitting the truth, and it has implemented a program to fight this terrible disease.

"Our program has been praised as being one of the best programs in the world. Thailand is always invited to attend international conferences. Thais are members of all five of the international AIDS committees. Thus, we should be proud of the fact that we are waging a resolute struggle against this terrible disease."

Another thing is that even though the government has not made this clear, the World Health Organization has a system for determining how serious the disease is in each country.

"This is not the age of concealment. Concealing things just causes other countries to laugh at us, saying that we have a problem but refuse to acknowledge it. That is very embarrassing," said the deputy director of the AIDS program.

Another matter that is being discussed by many people is the matter of establishing a settlement for people with AIDS or people who have tested positive for the AIDS virus. People have different views on this. People are looking at this from a practical standpoint and from a humanitarian standpoint.

From a practical standpoint, Dr. Wirasit said that there is no way of doing this, because this disease is not limited just to poor people. If the child of a wealthy person or a senior person in the country contracts AIDS, will they be willing to do this? Second, where would such a settlement be built? There are now about 400,000 Thais with AIDS. Are we going to build a fence around a province. And if the number increases to 4 million in the next 10 years, what are we going to do, block an entire region? [passage omitted]

Today, studies have shown that the people that are most at risk of contracting AIDS are heterosexuals, both men and women. This group is followed by drug addicts. The number in this group has stabilized. The people with the smallest chance of contracting the virus are homosexuals even though these people have always been viewed as the ones responsible for spreading the disease.

"In the next five to 10 years, the group with the largest number of AIDS victims will be heterosexual women followed by heterosexual men. This is because both prostitutes and housewives will become infected," said Dr. Wirasit.

As for what is now being done, he said that most people know that AIDS is spreading rapidly, that it is a fatal disease, and that there is now no known treatment. People know that the disease is spread through sexual relations and the use of needles in common. These are things that most Thais are aware of.

But the people must be provided with more detailed information, because many people still misunderstand things. Dr. Wirasit said that people misunderstand things for several reasons. First, in the past, not enough was done about this. Second, people were afraid of harming tourism. Third, those who are involved in

combating this must be well-educated about this. In the past, many people had a superficial knowledge and so they provided incorrect information. Fourth, people have incorrect views, because they have received incorrect information. For example, they think that they can contract AIDS from mosquitoes. Thus, they don't see any reason to use condoms when engaging in sexual activities, because they will still be bitten by mosquitoes and contract the disease.

"Thus, we must gradually correct the incorrect views of the people and provide them with more detailed information. We are now trying to do this. Things have improved greatly."

Toward the end of our conversation, we asked him to evaluate the AIDS situation in Thailand. He said that the AIDS epidemic is still a problem. But it is difficult to predict if this will reach the level of a crisis. Three things could happen:

First, the situation could gradually improve. The next elected government must give attention to fighting this disease. If this is the case, the prediction that there will be 4 million people with the AIDS virus in the next 10 years may turn out to be wrong.

Second, the situation could stabilize. That is, within 10 years, there could be 4 million people with AIDS.

Third, the situation could become even worse. That is, in the next 10 years, the number of people with AIDS could increase to 6-8 million.

Other problems include taking care of orphaned children and treating patients. And there is the matter of a labor shortage, because most AIDS victims are in the 25-35 year-old age group.

"Things will be coordinated at the national level under a national committee, which will report directly to the prime minister. If this is under the control of a ministry, it will be difficult to coordinate things. I will be a member of this committee and will probably be assigned temporarily to the Office of the Prime Minister," said Dr. Wirasit in conclusion.

Original Draft AIDS Control Bill Cancelled

*BK1902055092 Bangkok Radio Thailand Network
in English 0000 GMT 19 Feb 92*

[Text] The original controversial AIDS control bill has been cancelled as provisions in the legislation are not consistent with the situation. Taking new data and knowledge about the disease into account, the Cabinet this week endorsed the proposal put forward by the Ministry of Public Health that the draft bill be cancelled as requested by the National Committee on AIDS Prevention and Control.

The Ministry of Public Health proposed that a new draft be drawn up should such a bill be required in the future. The draft has been criticized by knowledgeable persons as discriminatory and prosecuting in nature.

BULGARIA

Drop in AIDS Statistics Reflects Lack of Medical Testing

AU2102122792 Sofia BTA in English 0959 GMT
21 Feb 92

[Text] Sofia, February 21 (BTA)—While the number of HIV carriers snowballed around the world, in Bulgaria their number declined from 1987 to 1991. This paradox is not a "Bulgarian miracle" but reflects the shortage of test kits, today's "DEMOKRATSIYA '91" reports.

Of the 16 AIDS patients registered in Bulgaria, 11 are already dead. The HIV carriers number 98, including one child. The rest are aged between 16 and 35. The male to female ratio in this group is 3 to 1, the daily says.

Today's "DEMOKRATSIYA '91" interviews Dr. Kamen Plochev, one of the first specialists who engaged in AIDS treatment in Bulgaria. In his view, people's fear of getting infected in everyday contacts is directly proportional to ignorance. Dr. Plochev differentiates between several types of reactions to the AIDS risk and says that most people would rather know nothing and live carefree.

Dr. Plochev says there are not enough physicians ready to commit themselves to the treatment of AIDS.

Asked whether the AIDS patients should be isolated from "ordinary" patients, Dr. Plochev emphasizes that he is against the establishment of "reservations" for HIV carriers. He believes that when the number of patients increases, an up-to-date centre for their treatment may have to be opened. Against the background of the acute shortage of any medicine, he praises the outlay of 300,000 U.S. dollars from the budget for AIDS tests. "The main thing is to reckon with patients' rights and with public safety," he emphasizes.

HUNGARY

Health Cooperation Accord With Greece Signed

LD0203094792 Budapest MTV Television Network
in Hungarian 1900 GMT 28 Feb 92

[Text] Hungarian Health Minister Laszlo Surjan and Yeoryios Sourlas, Health Minister of the Greek Republic, signed a health cooperation plan for 1992-93. According to the plan, the two ministries will cooperate in the prevention of AIDS, tumors, and cardiac and vascular diseases.

POLAND

Comprehensive Look at AIDS Issues, Carriers

92EP0167A Warsaw GAZETA WYBORCZA in Polish
2 Jan 92 pp 12-13

[Article by Beata Pawlak: "Allow Us To Live"]

[Text] Official AIDS data from the end of November, 1991: 1,963 HIV carriers, 45 AIDS patients, and 40 deaths.

Here is a short history of AIDS in Poland. 1985: First registered HIV carrier. 1986: First patient suffering from AIDS. 1987: First death. September 1987: First registered Pole infected by a Pole. September 1988: First drug user infected. We can add several pictures to these dates: Burning straw figures thrown into the garden of the MONAR [Young Peoples Movement To Combat Drug Addiction] facility in Gloskow. HIV carriers walking between rows of people shouting at them abusively in Ryblenko. A group of HIV carriers parading through the streets of the Old City in Warsaw with a banner reading "Allow Us To Live."

An uncertain voice answers the telephone: "Trust Phone"? For three weeks now I have had swollen lymph nodes, constant diarrhea. I am afraid that I might have AIDS. Danuta Wiewiora, a psychologist employed by the Plus in Solidarity on AIDS Association [Stowarzyszenie Plus - Solidarni wobec AIDS] receives dozens of such phone calls. She sends most people to general physicians. She advises some to be tested.

To Live With the Virus

Any venereal disease clinic or hospital for contagious disease can perform the test to detect the presence of the HIV virus. Some preserve the patients' anonymity. The tests are free everywhere for people in high risk groups.

The test is voluntary, but some hospitals perform it routinely before giving any treatment but do not notify the patients of this policy. Sometimes employers illegally require test results from job applicants.

Everyone is shocked when the physician says: "Your test came out positive, sir." Danuta Wiewiora recounts: "They come to us at the end of their endurance. They think it's the end, that now they have to give up their jobs, run home and hide, waiting to die. Each one asks: 'How much longer do I have?' I tell them I don't know, any more than I know how long I myself have. Then I try to convince them that they should not think about dying but learn how to live with AIDS instead."

But it is far easier to live with AIDS when the neighbors, employers, and doctors are unaware that one is a carrier. The tales told by HIV carriers testify to the incompetence of the health service and the intolerance of people around them. The story of a man we will call Karol is an example of how carriers are treated.

Karol comes from a small town in the southern part of the country. He started using drugs after his divorce. One day he felt himself becoming weaker and weaker. "At one time I could unload a truck of cement, but now I couldn't move my hand." He decided to be tested. When he came for the results, the physician at the window found his card and said in his direction: "You have AIDS."

This began his long road to hell. His wife learned he was a carrier from her girlfriend working at the clinic. His parents learned about it from his wife. Pretty soon the whole town knew. In his first job, his contract was not extended. They threw him out of his second job. Coworkers beat him up at his third job. The doctor at the hospital refused to treat him. Neighbors started taunting his son. He went to Warsaw.

The Virus and Narcotics

It is difficult to live with the virus, especially if one is an active drug user. (In Poland 75 percent of HIV carriers are drug users, and this is the group most likely to be infected.) They can be infected even when they use their own needles and syringes, because the drug itself can be an HIV cocktail.

Drug users often want to go through a drug rehabilitation program, but there is a two month waiting list. In Warsaw, for example, there are only two drug rehabilitation units, with a total of about 15 beds.

Before MONAR set up a shelter for them in Warsaw, they slept in basements, in stations, and in stairwells.

The MONAR emergency service began last February. Today it already has two ambulances and a group of trained staff.

About 60 persons come to the "shelter" each day. Some come just for meals. Others to spend the night. Here they can turn in their needle and replace it with a new one. They receive treatment at the Leszna Street outpatient clinic, which has doctors in all the specialties on duty. A social worker helps them with a job, pension, or assistance (ranging from about 600,000 to 1 million zlotys). Jacek Alaba says: "If they receive money, it's not because they are drug addicts but because they are people who are very sick."

The centers are for HIV-positive drug users undergoing drug rehabilitation who are determined to follow a strict regimen and for carriers of other groups who have nowhere else to go.

The Virus and the Home

When the first HIV-positive person appeared at one of the MONAR centers a few years ago, panic broke out among the residents. The caretakers and patients burned the person's clothing, and several people (staff and drug users alike) decided to leave the home. Then Marek Kotanski gathered together his fellow workers and the HIV carriers and asked who would like to volunteer to work at a center for HIV carriers. Several people volunteered. They went to Zbicko. This is how the first home for HIV carriers began in May 1989.

Today they can live in 17 MONAR homes, in a settlement for people who have been rejected that Marek Kotanski built at Zagan, and in two health ministry centers in Konstancin and Piastow.

The rules are strict at the homes for HIV-positive drug users: work, an initial prohibition against going out alone, and complete abstinence from drugs, alcohol, and sexual relations.

The centers are not limited to adults. There are also the children of HIV-positive mothers. A child born of a woman who is an HIV carrier may be infected but need not necessarily be. There is no way to tell before 18 months of age. Over a dozen infants at risk have been born in Poland up until now.

Theoretically, a drug user is not supposed to be at the center for more than two years, but not everyone has a place to go, and not all are strong enough psychologically to start living independently. Agnieszka Wisniewska, a 24-year old therapist from Konstancin, says: "At first the HIV carriers seek groups. They want to be with people who have similar problems. Later they yearn for independence, but even if they find housing and a job, attempts at independent living often end in defeat. The main reason is loneliness.

There are HIV carriers who live in their own homes. They try to hide their secret from everyone. They may work. It could be the sales assistant at the bakery who hands us bread.

The Virus and Hygiene

Clinics all over the country have received handbooks on AIDS. The books tell how to treat carriers and how to protect oneself against possible infection. The textbooks wind up in drawers, and most nurses and physicians still become frightened, when a carrier shows up at the door. They often either refuse to help them or find a pretext to get rid of them. Even if they accept them, they do not help them much. Andrzej Melnik, affiliated with the MONAR emergency service, says: "There was a case where a man lay there on the floor of the waiting room for 16 hours, and nobody took any interest in him."

Public health employees warn each other about a patient: "Oh, they've come with an HIV again," a nurse calls out right in front of the MONAR orderly. "Actually, I could have called her to account for violating medical confidentiality," Melnik says.

But the panic over the virus has not helped improve sanitation in hospitals, a condition the World Health Organization has called "catastrophic." The HIV virus cannot be detected until several weeks following infection. Therefore, if an infected person whose test does not yet indicate he is a carrier comes to the hospital, for example, for an appendectomy, he will be treated like an "ordinary" patient. The risk of infection with the HIV virus is very likely. "I assisted at the delivery of a woman who turned out to be HIV positive two weeks later," says a midwife nearly hysterical, admitting that she did not wear gloves for the delivery. "Each patient should be treated as a potential carrier," says Deputy Health Minister Krystyna Sienkiewicz. "In practical terms, it is

sufficient to use the same precautions as those for preventing hepatitis infection."

Today, units designated for HIV carriers are the only places people pay any attention to sanitary procedure.

The Virus and Medicine

During the period a person is a carrier, five-seven years, an HIV-positive person may not notice any real symptoms. It is sufficient for the person to come for monitoring twice a year. Patients with typical AIDS symptoms (a temperature of 39 degrees Celsius for more than one month, a weight loss of more than 10 kilograms, and diarrhea, along with perhaps pneumonia, tuberculosis, changes in tumors, and ring-worm) come to the hospital for contagious diseases in Warsaw or to an HIV carriers' unit in one of six cities in our country.

The greatest problem is treating active drug users. Cut off from drugs, they flee from the hospital, where they had been feeling only slightly better. "One solution would be registering for methadone, a nontoxic drug taken orally," says Professor Babiuchowa. "It would make it easier for us to treat them."

The stay at the hospital, treatment, and testing are free, but after leaving the hospital, the patients must obtain medication on their own. Antibiotics are expensive. AZT, a drug that slows the destruction of white cells, is not available in pharmacies. A paradox has developed. Once patients leave the hospital, they cannot obtain medications as outpatients.

Just a few years ago, AIDS patients lived two years on average. Today, medical treatment has made it possible to more than double this period, and this is true in Poland too.

Father Arkadiusz Nowak and Marek Kotanski want to create hospices for people in the final stages of the disease.

The Virus and the Government

According to the World Health Organization, the Ministry of Health has two tasks. One is to defend the patient's rights. The other is to protect healthy people from infection.

In 1985, the government created a group on AIDS. Two years later, a council, and in 1989, a committee. At an international conference in Krakow in May 1990, Prof. Zofia Kuratowska spoke persuasively about the need to create a national AIDS strategy.

The committee did not meet for several months. Seventy-five billion of the 158 billion zlotys [Z] the Ministry of Health had allocated to fight the disease were diverted to repay debts to private pharmacies. Krystyna Sienkiewicz says: "Only people especially devoted to the AIDS question are doing anything about it."

The Virus and Sex

The HIV virus attacked homosexuals first in all countries. They practice sex in a manner that makes it easier to damage mucous membranes. But the HIV virus does not choose sex. It has gone from bisexuals and drug users to people outside the high risk groups too. According to Dr. Wanda Szata, of the State Institute of Hygiene [PZH], at least 52 people have become infected in Poland during heterosexual sexual relations.

The only practical protection against the HIV virus is limiting sexual relations to a faithful partner or, failing that, to practice what is called "safe sex."

Two years ago the Ministry of Health prepared leaflets with two suggestive drawings, one showing an unhappy, naked penis and the other one showing a happy penis dressed in a condom. The leaflets were to have been put into mailboxes. In the organizational confusion, it seems that they were lost somewhere at the post office.

Educational drives are sporadic and timid. They are often organized by enthusiasts, like Slawek Starosta, the inspiration behind the "Love but don't kill" drive a year and a half ago and author of the song with the same title. In simple words ("I used the best Czesochowa designs") the song advises how to avoid HIV infection. Starosta says: "Everyone was talking about death. We wanted to tell people that it was possible to love and to love oneself."

It was played on the radio several times. The record was sent to disc jockeys. Condoms were distributed during concerts and at discotheques. "We wanted to reach people nobody talks to, 15-year olds."

The Association of Lambda Groups, whose members are homosexuals, is setting up safe sex workshops. MONAR ran a travelling consultation center out of a busmobile. The Plus in Solidarity on AIDS Association is setting up talks in schools. But there we still do not have any really effective public relations program using teledisks, constant radio broadcasting, and leaflets available everywhere.

The Virus and the Future

Dr. Wanda Szata of PZH sums it up like this: "Today 60 percent of those infected are young people between the ages of 20 and 29. Up until now the virus has attacked drug users. There are more and more women among the infected, one for every four HIV-positive men. And there will therefore be an ever-increasing number of children born with the HIV antibody. Initially the infection was detected in people from large cities. Now it is being found in ever-widening circles."

We know that there are many times more HIV carriers than the number of recorded cases indicates. According to estimates, there are approximately 50,000-100,000 of them. If we were to test other high risk groups as frequently as we do drug users, it is possible that we

would find that a lower percentage of all HIV carriers are drug users [than the current figures show.]

Specialists predict an increase in the number of infected persons outside the high risk groups. In the United States there are more and more HIV carriers who are heterosexual. We have as many HIV-positive people registered in Poland today as there were in the United States in 1983. At the same time, however, we have access to 11 years of experience in fighting AIDS. The main knowledge that comes out of it is that there are no higher risk groups. There is only riskier behavior.

ROMANIA

Program for Combatting Spread of AIDS Discussed

92BA0356A Bucharest ROMANIA LIBERA
in Romania 28 Dec 91 p 3

[Article by Doina Popescu: "AIDS: A Serious Social Problem"]

[Text] According to the statistics compiled by the Ministry of Health, 1,557 cases of AIDS had been recorded in Romania by 30 September 1991, 1,447 of which were detected in children in the 0-4 age group. In over 50 percent of the cases the disease was transmitted by transfusions of infected blood and by injections with unsterilized syringes that had been used repeatedly. But the cases of vertical transmission (from mother to fetus) and transmission through heterosexual relations are not negligible either. After the first cases of AIDS were detected in 1987 the disease came out of the closet in the period right after the revolution and disturbed public opinion for a while, only to be covered by a veil of indifference and neglect as a matter of always concerning someone else, like death.

By virtue of an agreement signed by the foreign ministers of Romania and Italy on 23 June 1991, the Italian National Association to Combat AIDS (ALA) started the program called "Europe Against AIDS, on Behalf of Romania," the presentation of which was the subject of a press conference.

The program, planned for 1991-93, calls for formation of a flexible network of public volunteering throughout the whole country to supplement or even replace the institutional structures in the fight against AIDS. In order to implement the program, the ALA (a nongovernmental association with headquarters in Milan and branches in several Italian cities) set itself some objectives, namely to inform and educate persons involved in the fight against AIDS, to publicize some preventive measures, to organize therapy and medical care, and to create a system of clinical and home psychological care. The points in the program were presented in detail by Mrs. Fernanda Bergamini, in charge of the AIDS program for Romania, Dr. T. Pilato, the originator of the program, and Dr. G. Rivolta, organizer of the program for clinical hospitals.

The program will begin with the epidemiological instruction in Italy of some Romanian physicians, who in their turn will organize introductory courses in AIDS epidemiology upon their return to Romania. The second year of the program will be devoted to publicizing some preventive measures in educational institutions and those of the armed forces and in prisons, while the third year will be devoted to a review and comparison of the results obtained in Romania through the ALA's collaboration with the MS [Ministry of Health] with those obtained in Italy.

The Italian originators of the program have pointed out several times that its effectiveness depends upon the readiness of young Romanians to involve themselves in the care of patients, who often also develop serious mental disorders, or who contracted the disease through sexual behavior condemned by a society with an average culture. Volunteering for the care of AIDS patients is considered worthy social behavior in countries with experience in the field, and in Italy even a law is being drafted on the form of social volunteering. But in Romania, a country that Dr. Tomasso Pilato considers reminiscent of Sicily in the 1950's and 1960's in almost all respects (speaking of Romania's image abroad!), how many persons have the desire and the energy to get off the merry-go-round of everyday affairs to offer an hour or two of beneficial company to a terminal AIDS patient? The Italian physicians have assured us that the best bet for getting this project started is youth, the potential molder of a social attitude of the European kind. Nor was it easy in Italy. It was not until 12 years after the first case of AIDS was recorded (1979) that the necessity of drafting a law on social volunteering was realized, during which time the written and audio-visual press waged a campaign to sensitize public opinion to the danger of the disease and the social isolation of the patients.

In a brief statement Dr. Rodica Matusa, coordinator of actions on AIDS problems in Constanta County and chief physician and section head at the Constanta Clinical Hospital for Infectious Diseases, warned of the characteristic features of infection with the HIV virus in that city, a veritable port of entry of the disease into the country. The main sources of contagion there are the prostitutes and the unmarried workers living in apartment houses where homosexual relations are practiced, and in prisons as well. Those segments of the poor population sell their blood for transfusions. Blood for four or five anemic children comes out of one container.

Due to poverty, lack of information, and the criminal negligence of some health personnel, Constanta County has 900 unrecorded cases of AIDS, 605 of which are children, 240 of whom have died. "Volunteer mothers" from civilized countries (United States, England, France) have come to the aid of the stricken children in Constanta. By giving suitable care and affection to the doomed children, they have lowered the death rate by five times.

The "Europe Against AIDS, on Behalf of Romania" program may help us to dispel the fog of indifference to the sufferings of those near us and may help us learn again to help each other.

REGIONAL AFFAIRS

Simmonds Urges Media To Increase AIDS Education

FL1211032191 Bridgetown CANA in English
2340 GMT 11 Nov 91

[Text] Basseterre, St. Kitts, Nov 11, CANA—St. Kitts and Nevis Prime Minister Dr. Kennedy Simmonds on Monday called on the regional media to respond with compassion and honesty while reporting on AIDS in the Caribbean. Dr. Simmonds, a medical doctor, made the call while addressing the opening of a four-day workshop on the fatal disease, organised by the Caribbean Epidemiology Centre (Carec) and the Pan American Health Organisation/World Health Organisation (PAHO/WHO), in collaboration with Caribbean media organisations and the Ministry of Health here. The workshop has received funding from the United States Agency for International Development (USAID).

Simmonds told participants drawn from media houses throughout the region that they were uniquely equipped to lead the fight against AIDS, acronym for Acquired Immune Deficiency Syndrome. He said beyond providing information, journalists had to help to change the attitudes and behaviour of Caribbean people regarding AIDS, which is contracted mainly through sexual contact and kills by breaking down the body's immune system.

Simmonds noted persons in the 25-44 age group were particularly susceptible to the disease, calling such persons "the fertile minds and strong bodies of the region. The prime minister said the media must bring the issue of AIDS out in the open, objectively and humanely, so that the vast majority of West Indians can learn more about the disease and its prevention.

Rickey Singh, president of the Caribbean Association of Media Workers Association (Camwork), said his organisation would be happy to work with Carec to establish awards for excellence in journalism, especially for stories on AIDS and health issues. Singh also noted that it would be timely for the workshop to send a cable to former U.S. basketball star "Magic" Johnson, who announced his retirement from the sport last week after testing positive for the HIV virus which causes AIDS. Singh commended Johnson for his stand in speaking out and dedicating his life to educating people about AIDS. He expressed the hope that by so doing, Johnson would be an example for the "closet VIP's we have in the region who are yet to come out and take a stand like that in order to help the suffering people in this region, who continue to bear the stigma."

Singh also highlighted several myths relating to AIDS in the Caribbean, and stressed the need to debunk them among Caribbean people. He said the region needed to realise that most HIV positive individuals and AIDS patients were heterosexuals and not homosexuals.

BERMUDA

AIDS Death Rate Reaches Record High

FL2402214592 Bridgetown CANA in English
1929 GMT 24 Feb 92

[Article by Chris Gibbons]

[Text] Hamilton, Bermuda, Feb 24, CANA—Fewer Bermudians contracted AIDS last year, but the number of people dying from the disease reached a record high, according to a new government health report. The report reveals 25 new cases of Acquired Immune Deficiency Syndrome were recorded in 1991—down from 33 in 1990 and 35 in 1989—but 27 people died, the highest annual figure since the government began tracking the disease in 1982.

Health Minister Quinton Edness commented: "I think it's very good the figures are down but it's nothing we should get too excited about. It's a very small decline.

"It's too early to say if the figures show any particular trend. I don't think they do. We must keep monitoring the disease and keep up with the public education about AIDS and the importance of practising safe sex."

At December 31, 1991, says the report, Bermuda had a total of 193 AIDS cases with 158 dead. Health officials expect the number of victims to more than double in the next three years. And the disease continues to spread through all levels of society. Health department officials say they know of 12 children who have now lost one or both parents to AIDS, and three children that are infected with the virus. Another child has already died. Eleven pregnant women have tested positive out of 3,412 tested since screening began in April, 1988.

The report stated that just under 50 percent of those infected with the HIV virus were intravenous drug users—down from 85 percent in 1985—while 26 percent were homosexual or bisexual men and sexual partners of drug users accounted for 18 percent of all cases. The majority of cases are aged between 20 and 49.

Per Capita AIDS Rate Second Highest in World

FL0303233592 Bridgetown CANA in English
1631 GMT 3 Mar 92

[Text] Hamilton, Bermuda, March 3, CANA—As many as 2,000 people in Bermuda could be infected with HIV, the virus which leads to full-blown AIDS, an epidemiologist said here Tuesday. Rhonda Daniels told an AIDS seminar the 193 registered Acquired Immune Deficiency Syndrome cases were "probably just the tip of the iceberg."

Pleading for compassion for the infected, she said symptoms of the full-blown disease can take more than 10 years to surface. Mrs. Hilary Soares, co-ordinator of a hospice for the terminally ill, urged Bermuda to brace

itself over the killer disease which has already claimed the lives of more than 150 people in this tiny British colony.

"I consider this to be the most serious crisis Bermuda has ever faced—and we'd better be ready for it," said Soares.

According to figures issued earlier this year by the World Health Organisation (WHO), Bermuda has the second-highest rate of AIDS infection in the world in terms of population size. Bermuda has a per capita rate of 57.9 per 100,000. WHO listed the Bahamas as having the world's highest rate—66.1 per 100,000.

DOMINICAN REPUBLIC

Health Officer Reports on HIV Positive Cases

*FL1402184792 Santo Domingo Radio-Television
Dominicana Radio Network in Spanish 1600 GMT
14 Feb 92*

[Text] Dr. Maritza Arbaje, director of epidemiology at the Dominican Social Security Institute, IDSS, affirmed today that the Dominican Republic has between 20,000 and 40,000 HIV seropositive cases. HIV is the retrovirus that causes the Acquired Immune Deficiency Syndrome, AIDS.

She explained that a great number of the people infected, if not all, do not show symptoms but can pass the disease to other individuals. She added that in Latin America, the Dominican Republic ranks fourth in the number of AIDS cases, but did not specify the number of cases. However, on 7 January, the World Health Organization, WHO, which is based in Geneva, Switzerland, said that the Dominican Republic ranks fourth in Latin America with 1,535 AIDS cases. The report places Brazil in first place with 21,023 cases, followed by Mexico with 8,720 cases, and Haiti with 3,086 cases. The other two countries in the Americas with the most AIDS cases are the United States, in first place in the world with 202,843 cases; and Canada with 9,460 cases, which places this country in third place following Brazil.

By continents, the Americas are the most affected with 252,977 cases; followed by Africa with 129,066 cases; Europe with 60,125 cases; Oceania with 3,189 cases; and Asia with 1,254 cases reported to the WHO.

Dr. Arbaje said that in the Dominican Republic there are individuals who have been HIV seropositive for up to 10 years, without developing AIDS symptoms. She added, that the combination of drug addiction and sex fosters the fatal transmission of the HIV virus. Therefore, the timely education of our youth is one way of controlling the spread of the virus.

BANGLADESH

Correspondents Briefed on Health Situation

92WE0146A Dhaka THE BANGLADESH OBSERVER
in English 31 Oct 91 p 10

[Excerpt] [Passage omitted] Health and Family Welfare Minister Chowdhury Kamal Ibne Yusuf told another questioner so far only one AIDS patient and seven carriers of HIV were detected in the country. [sentence as received]

Health Secretary Mokammel Huq was present on the occasion while OCAB President Zaglul Ahmed Chowdhury introduced the minister at the briefing session.

Experts Caution Against AIDS Invasion

92WE0229A Dhaka THE NEW NATION in English
1 Dec 91 p 3

[Article: "Experts Apprehend Invasion of AIDS"]

[Text] Some top medical experts have cautioned against a possible invasion by AIDS (Acquired Immune Deficiency Syndrome) as the deadly disease had already struck many a neighbouring country, reports UNB.

Bangladesh, which so far reported five people carrying AIDS virus, was placed fourth in south Asia in terms of vulnerability to the killer disease, according to World Health Organisation (WHO) reckoning.

The concern over any eventual rise in the number of incidents of AIDS cases was voiced by some senior medical experts including Major General (Retd) M R Choudhury, Chairman of the National AIDS Committee (NAC).

"We in Bangladesh are now sitting on a volcano—it has already struck India and Thailand, and we simply cannot adopt a complacent attitude", Choudhury told UNB in an exclusive interview on Saturday.

Speaking on the eve of the World AIDS Day, being observed today (Sunday), he said, "if the disease can make effective inroads, the health sector will simply crumble down like a house of cards".

Similar concern was also expressed by National Professor Nurul Islam, who is also a member of the NAC. "If the disease makes an inroad into the country, it will strike like a havoc", he said.

"Sharing the Challenge" has been the theme of the World AIDS Day, being observed in the country as elsewhere across the world today (Sunday) under the auspices of World Health Organisation (WHO).

Aimed at opening of communication channels, strengthening information exchange and forging of a spirit of social tolerance about AIDS, the idea of observing the day emerged from a ministerial level conference in London in January 1988.

Describing the AIDS situation in the country, Gen Choudhury said the NAC, since 1986 conducted sero-surveillance by collecting blood samples of about 19,582 people from among a "high-risk" group and so far found only seven people with HIV positive.

Of them, one died from the disease in 1991, and another, a Spanish sailor, was deported. The rest five are carrying the HIV virus.

Under separate projects, Ibne Sina Clinic reportedly collected blood samples of about 90,000 people for testing and the Bangladesh Red Crescent Society also carried out tests on another 5,281 people with no report of anybody carrying the virus.

Giving reasons for his concern, Gen. Choudhury said there were about one million HIV-carriers in neighbouring Indian states of Manipur, Nagaland and Mizoram.

The situation was alarming in neighbouring Thailand and Burma, with a large number of intravenous drug-addicts who were reported to have been infected by the disease.

"Proximity of these states to the Golden Triangle might have precipitated such a situation", the NAC chairman said.

Bangladesh, he pointed out, was often used as a corridor for drug trafficking and with reports of rising number of drug-addicts, might easily fall a prey to the deadly disease.

According to the latest WHO report, among the SAARC countries, India has the highest number of HIV carriers—about 72 of them. Pakistan and Sri Lanka come next with 14 and 10 cases respectively, followed by Bangladesh and Nepal. No HIV cases were reported from Bhutan and the Maldives.

The Bangladeshis who are reportedly carrying HIV were infected from abroad—most of them were workers who had gone to the Middle East countries, Choudhury said.

Talking about the possible ways of AIDS infection, Prof. Nurul Islam said injection syringes are more dangerous than sexual intercourse. "Disposable syringes have no meaning for the rural people, they use it for several persons at a time... and this is a definite threat".

"Multiple use of disposable syringes have also been helping spread of viral hepatitis in the country", Prof. Islam pointed out.

French scientist Montagnier in 1983 first detected the HIV virus which is responsible for destroying human immune system.

The virus is transmitted in three ways, Gen. Choudhury said. These are:

(1) Promiscuous sex—unprotected sexual intercourses with an infected partner;

(2) Paranteral—through injection of infected blood or blood products: and

(3) Prenatal—from an infected mother to her baby.

Dispelling the common notions, Prof. Islam said the HIV virus does not spread through casual contact like shaking hands, kissing or hugging, sharing food or drink, coughing or sneezing, and bites of mosquitoes or other insects.

"Isolating the people carrying HIV virus is no solution at all", he said.

The 10-member NAC, formed in 1985, have adopted Bangladesh AIDS Prevention and Control Programme (BAPP) and five diagnostic centres have already been set up in the country.

Anyone wanting a test can do so from five centres at PG Hospital, Institute of Public Health at Mahakhali, Armed Forces Institute of Pathology (AFIP) at Dhaka Cantonment, Chittagong Medical College and Sylhet Medical College.

Confidentiality of persons checked at these centres is maintained.

Government is also planning to set up a hot line similar to those in the United States and other countries to facilitate information regarding AIDS, Gen Choudhury said.

EGYPT

Adoption of New Anti-AIDS Plan

92WE0187A Doha AL-SHARQ in Arabic 3 Dec 91 p 11

[Text] A new national plan to combat AIDS has been drawn up, starting this December and ending in 1993. This national plan will be directed by Dr. Raghieb Duwaydar, the minister of health. The plan aims to prevent the spread of the epidemic and to stop infection. Participating in the implementation of the plan, which was drawn up by the preventive medicine section in the Ministry of Health, are the departments of culture and information, and all the ministries and authorities under the slogan: "One rank in the battle against AIDS."

Studies presented by the World Health Organization indicated that about 10 million people in the world die every year of AIDS, and the number will reach 40 million by the year 2000. Dr. Subhi 'Abd-al-Rahim, deputy minister for the preventive medicine section, stated that it has been decided to establish 1,300 centers for monitoring the epidemic among patients in the governorates of Cairo, Alexandria, Asyut, and Aswan in order to do a comprehensive medical survey of the groups most vulnerable to infection, such as venereal disease patients and patients needing constant blood transfusions, in addition to addicts.

Dr. Samir Sa'd, general director of health education and information in the ministry, stated that the strategy of the new program concentrates on health awareness of those working in the health field and of the public. Preparations are being made to train 7,000 preventive medicine doctors, psychiatrists, and nurses, and 100 social education teachers in the preparatory and secondary schools in AIDS prevention.

Minister on Measures To Stop Spread of AIDS, Statistics

NC1502214492 Cairo Arab Republic of Egypt Radio Network in Arabic 2100 GMT 15 Feb 92

[Excerpt] The National Democratic Party political club resumed its meetings tonight to discuss various political, economic, and social issues.

Health Minister Dr. Muhammad Raghieb Duwaydar told the meeting that there are only 150 AIDS cases among Egyptians and 180 cases among foreigners. He stressed that the Health Ministry is taking precautionary measures to stop this disease from spreading. He said that the ministry has imported the most advanced equipment to check for the AIDS virus through blood tests and supplied all blood banks with this equipment, and generalized the use of disposable syringes to the extent that around 2 million syringes are being used annually. He added that the ministry has also analyzed blood samples taken from citizens from various strata and from those suffering from renal disease, banned the import of any blood-related medicines until ascertaining that they are free from the disease, and ordered hospitals across the country to report all AIDS cases. [passage omitted]

INDIA

Mass Migration Increases Venereal Disease in Surat

92WE0095A Bombay THE TIMES OF INDIA in English 7 Oct 91 p 7

[Article by P. K. Surendran: "1.5 Lakh V.D. Cases in Surat"]

[Text] Surat, Oct 6—About 1,50,000 people are believed to have contracted venereal disease in this city, according to a conservative estimate of the Surat Consultants Association (SCA) here, recently.

This skyrocketing population of those suffering from venereal disease is believed to have been caused by the mass migration of labour from various parts of the country and the high percentage of brothels in the city.

Industries such as diamond processing units have come up all over, thereby attracting a large number of jobless youths. High rent and the escalating cost of living have compelled married men to leave their families behind

and seek employment in the diamond industry and the art-silk powerloom units which have employed lakhs of single men.

The SCA has warned the citizens and the authorities about the proliferation of skin and venereal diseases in this city which has gained notoriety because of a flourishing flesh market.

The SCA chief, Dr. Girish Shah, a leading dermatologist, said that nearly 25 percent of those seeking dermatologists' services turn out to have contracted some form of the virulent venereal diseases which plague this city.

Several alleged quacks posing as sexologists stay in the hotels here and advertise in the vernacular dailies guaranteeing cures for the venereal diseases. The numbers of those opting to be treated by the so-called doctors cannot be ascertained.

As admission to nurseries in elite schools requires donations of between Rs 5,000 and Rs 25,000 and single room accommodation requires a deposit of astronomical sums of money, children are a luxury which the working class sometimes find beyond their means.

Reports emanating from Ahmedabad last year claimed that Surat had over 4,000 HIV positive cases, the highest in Gujarat. The claim has since been hotly contested by the doctors' fraternity as mere poppycock. However, a senior dermatologist in the city has claimed to have come across two full-blown AIDS patients.

The SCA underscores the need to have full-blooded V.D. clinic and facilities at different parts of the city to provide help and education to the youngsters on the need to have safe sex. "Banning prostitution is an ideological farce; one should rather try to wean youngsters away from sexual promiscuity and reduce brothel hopping," opines a social worker who is also a corporator.

"We have a skin-V.D. clinic at the Maskati hospital. If people do not make use of it, it is not the Surat Municipal Corporation's fault," contends deputy commissioner (health), Dr. S. K. Mohanty. He admits literate people of middle-class status feel shy to seek medical help from the municipal-run clinic.

The perfunctory attitude of the municipal clinic staff and the shabby treatment meted out to patients would remove doubts in the minds of any as to why people prefer private clinics to public ones though the former charge anything between Rs 50 and Rs 100 a visit excluding medicines.

Not many realise the mental torture suffered by those having V.D.-AIDS-phobia, points out Dr. S. M. Amin, a senior psychiatrist here.

Rise in AIDS in West Bengal, More Cases Feared
92WE0248A Calcutta THE TELEGRAPH in English
13 Dec 91 p 6

[Article by Charles Nandi: "WHO Warns WB on AIDS Cases"]

[Excerpt] Calcutta, Dec. 12: The World Health Organisation (WHO) has warned that West Bengal faces an alarming rise in the number of AIDS cases due to inadequate medical facilities.

In a message to the state government, the WHO said West Bengal is threatened with an alarming rise in AIDS cases because of "weak health infrastructure and lack of health education in the state."

Altogether 26 people, including six prostitutes and six professional blood donors, have developed AIDS symptoms in the city. According to Dr. Manish Chakraborty, head of the department of virology at the School of Tropical Medicine, 22,000 people, mostly prostitutes, had already been affected and were in the high-risk group.

"Testing of blood samples for HIV is being stepped up with financial assistance from the WHO, which also stresses upon educating and screening blood donors to make the AIDS control programme more effective," he said.

Dr. Chakraborty said the authorities were concerned at the large number of "sero-positive" cases among the city's prostitutes. "We are distributing contraceptives among them and till now about 60,000 condoms have been given," he said.

He said another disturbing trend was that five haemophilic children had been infected by the AIDS virus during blood transfusion.

However, with the disease steadily gaining a foothold in the state, the authorities are yet to gear up preventive measures.

Despite assistance from the WHO and the Centre, the state government has not yet been able to find out the exact number of prostitutes with sero-positive symptoms. "We are still at an early stage in this matter," a senior health official said. [Passages omitted]

Spread of AIDS in Manipur Causes Alarm
92WP0144 New Delhi PATRIOT in English 3 Jan 92
p 1

[Article by Kishore Seram: "Aid Them Before AIDS Gets Them"]

[Text] "It could be the end of the line for the State of Manipur, in the next to years." [as printed] This doomsday scenario is not an exaggerated projection of a panic-stricken population threatened by AIDS. It is a

morbid possibility acknowledged by experts engaged in fighting the menace in this beleaguered North-Eastern State.

Sweeping across the hills and valley of Manipur, is the scourge of drug addiction and HIV, which since detection in the early 80's has spread like wild-fire to threaten every citizen in all social and economic strata. The latest official figure of around 1,400 HIV positive cases in this State with a population of about 19 lakh is just the prelude to a killer disease on the prowl.

The official figure assumes an alarming percentage, when calculated with the number of samples tested, which is just about 7,000. In fact, the unofficial figure is an unbelievable 14,000 plus HIV positive cases so far. And making the region fertile for the virus to spawn and spread, is the high concentration of drug addicts. A conservative estimate puts the figure of drug abusers at over 30,000.

So far, only three AIDS deaths have been officially recorded, but given the incubation period of the HIV, about 10 years (the time taken for the HIV positive cases to develop AIDS), the inadequate medical facilities, and lack of awareness amongst the people, the entire population could be wiped out in 10 or 15 years time, unless preventive measures are taken up at a war-footing; Now!

Already, the doubling rate of HIV positive cases in the state, is the highest in the world. While the national ratio of HIV positive cases is seven per thousand population, in this small backward State, it is as high as 167 per thousand.

Sharing this alarming reality, Jiban Kumar Leishram, organiser, Service and Education for Welfare Action (SEWA)—a voluntary organisation engaged in tackling the problem of drug addiction and AIDS in Manipur for over a decade—warned, "it's got to be contained now or never."

While highlighting the urgent need to draw the attention of everyone to this menace, Mr. Leishram cautioned, that the revelation should not activate a panic reaction, but "actuate a concerted fight by the public and the government."

The fight is going to be a long-drawn formidable one. The unchecked inflow of drugs through the 352 Kms long common border with Myanmar, the unabated insurgency, the increasing number of frustrated unemployed youths, the Western influence and a deplorable economy of the State, are some of the factors that have prepared the ground for the infection.

And hastening the spread of the infection, is the hordes of intravenous drug addicts who continue to share contaminated needles. It has been ascertained that the major mode of transmission of HIV is through the intravenous drug use, in the State.

Whether the infection came via Bombay, Calcutta or other cities, or crossed over from Myanmar is not

confirmed. What is known is that 94 percent of the total HIV positive cases are from among blood donors and intravenous drug users, and the maximum number of cases are among the age group of 13 to 30 years.

Mr. Leishram also revealed that majority of the male drug addicts belong to affluent families, while the women addicts are destitutes, widows and those without a means of livelihood. These exploited women mostly are tribals, who start off as courier in drug trafficking and later take to drugs.

According to Mr. Leishram, no single factor can be tackled in isolation in the present situation. A multi-pronged action is needed with emphasis in curbing the inflow of drugs and containing the spread of HIV through mass awareness programme.

In curbing the inflow of drugs, the government has failed miserably, Mr. Leishram laments. "There are enough provisions in the law to take up deterrent steps against drug traffickers, but while the petty pushers often are hauled up, the kingpins are still at large."

"If I can tell you the drug outlets in Imphal which till today are doing business, do you think the law enforcing agencies are unaware of their existence," Mr. Leishram's question emphasised the laxity of the police and the Government.

Today, the State has one surveillance centre for HIV screening (for the Western Blot confirmation, samples are being sent to the National Institute of Cholera and Enteric Disease, Calcutta). The Manipur Voluntary Health Association with financial support from the Ford Foundation, various non-governmental organisations (NGOs) like SEWA, New Life, Awakening Home... are working in coordination with the State Government and the Central Welfare Ministry, to contain the crisis.

The efforts are still inadequate, "not only is there paucity of fund, there is an urgent need to identify specific groups and areas, encourage more HGOs participation and formation of a high level committee comprising health authorities and law enforcing agencies, to plan and coordinate efforts to curb drug trafficking and HIV infection," Mr. Leishram said.

Elaborating on the proposal, Mr. Leishram mentioned, for instance, the new target area SEWA has identified. "Knowing the background of the women drug addicts, the effort to counsel them on the danger of HIV, will not be effective, till an alternative source of income is provided. An integrated rehabilitation project is the answer."

Narrating the incident of a 25-year-old youth who fractured his leg in an accident and subsequently found HIV positive, and is still languishing with doctors refusing to attend to his injury, Mr. Leishram stated that, "not only the general public, but doctors and para-medical staffs should be reached out to, in the AIDS awareness campaign."

Talking at length on the prevailing ignorance and misconceptions, the social worker emphasised the need to accept the victim with compassion and understanding.

Mr. Leishram is happy to point out that there are more youths and women participating in the fight against the menace.

But why is the infection confined only in this State? Mr. Leishram vehemently denies that the situation is distinct in Manipur. The neighbouring states of Nagaland, Mizoram and Meghalaya share common social habits and demographic set-up, "if HIV infection has not been reported, it only means that a proper survey has not been conducted."

In fact, Mr. Leishram's appeal to the Government, categorically states that, all the efforts in Manipur would be wasted, if the neighbouring states continue to ignore the impending threat.

West Bengal Reports 19 AIDS Cases in State
92WE0288A Calcutta THE STATESMAN in English
18 Jan 92 p 3

[Text] About 19 AIDS cases have been reported in West Bengal so far. Of the four patients who were in a serious condition, two had died and the other two were being treated now, Mr. Prasanta Sur said at Writer's Buildings on Thursday.

Arrangements were being made for the detection of the AIDS virus in eight hospitals, including Calcutta Medical College Hospital. The blood banks had been updated for this purpose and the collection of blood from professional blood donors had been stopped as a precautionary measure, Mr. Sur added.

LEBANON

Agreement Signed With WHO on AIDS Prevention

NC1302172992 Beirut Radio Lebanon in Arabic
1630 GMT 13 Feb 92

[Text] The Lebanese Government and the World Health Organization have signed an agreement on a program for protection from AIDS. The agreement stipulates working on preventing the spread of AIDS in Lebanon and developing methods of diagnosis and protection.

MOROCCO

AIDS Figures: Obstacles to Prevention Discussed
92WE0257A Casablanca LA VIE ECONOMIQUE
in French 13 Dec 91 p 32

[Article by Dr. Othman Akalay: "AIDS and Its Problems in Morocco"; first paragraph is LA VIE ECONOMIQUE introduction]

[Excerpt] At the end of each quarter of the year the Directorate of Epidemiology and Medical Programs of the Ministry of Public Health publishes a new study of the AIDS situation in Morocco. This report concerns AIDS and not people who carry the virus but who have no symptoms of the disease. There are many more of these people, who are called seropositive, than those who have been confirmed as having AIDS. A person can be seropositive for about 10 years, more or less. Seropositive persons do not yet have AIDS (although 90 percent of them will certainly come down with it). However, they are carriers of the disease. They transmit the disease, most often involuntarily, because they are not aware of this condition themselves.

The scourge of the present period as the millennium comes to an end now affects the entire world. Some 175 countries have reported cases of the disease to the WHO [World Health Organization].

No country is safe from this disease. Theoretically, everyone is exposed to it, whatever their sex, age, or economic and social status.

However, at present the extent of AIDS infection varies with the country and region. For example, Morocco and the Maghreb are relatively free of the disease. Sub-Saharan Africa has been dramatically affected by it. The AIDS epidemic has spread there to an extent that is well-known. The same is true, with some differences, in North and South America and in Europe. Asia, which until now has been little affected by the epidemic, is seeing it arrive with a strength that makes one fear the worst in this immense and overpopulated continent.

To combat this scourge, which threatens all of humanity and until an effective form of treatment is found, the only means of prevention is information. That is, teaching everyone to know about the kinds of behavior at risk and the way to avoid transmission of the disease. In other words, and above all, teaching people to use contraceptives properly during sexual relations. For the moment, everything depends on this. This is because blood, which is the vehicle for the transmission of the virus, can be 100 percent controlled (or almost as much), as is the case in Morocco. However, genital secretions pose problems, which moralistic statements and advice to abstain from sexual activity cannot solve adequately.

Only 90 Cases Declared; 'But Prevention Is Better Than Cure'

When the epidemic began to appear in Morocco, the type of persons affected was like that in Europe: that is, homosexuals, drug abusers, and children born to seropositive mothers.

The majority of the cases involved foreigners or Moroccans who had emigrated from the country. On 30 September 1991 Morocco declared 90 cases of AIDS, which had been identified since 1986. This figure cannot be completely correct, because doctors "forget" to report cases of the disease and people suffering from AIDS

prefer to go to doctors overseas. However, this group of 90 persons is similar in size to what has been reported by countries in this region. Although the development of the disease has been followed since the beginning of the epidemic, it has been clearly noted that 80 percent of those suffering from the disease in this country are Moroccans and that more than 32 percent of them have not engaged in high risk behavior. Apparently, they have been infected through heterosexual contacts. Therefore, it is the general population that will be more and more affected, including men, women, and children.

So it is time to sound a cry of alarm. We must do the maximum now to prevent our children, the future generation, from being infected by this disease, with its suffering, illness, and death and with children abandoned without a family to care for them.

Some people think and say that the solution is to undertake an intensive search to make sure that persons having the disease are identified or at least that they know about it. The WHO advises against such a course of action, and the experience of certain, nondemocratic countries shows that these methods should be rejected, are ineffective, are too expensive, and cannot be applied. It is useless to follow this course of action as long as a real kind of treatment has not been developed. In other words, what can we say to people affected by the disease? Are we going to create a new class of plague carriers? That could happen to our sons and our daughters, to our close relatives, to our friends (and to ourselves, of course!).

Other people would like to set up some kind of control at the borders of our country. This is impossible from the ethical as well as the practical point of view. If there is to be a control, it must be applied to everyone: tourists, Moroccan travellers, emigrants, airline and ship crews, diplomats, and I do not know who else. In other words, this would involve pure discrimination. And then it is not enough to have a negative test on a given day to be sure that you are out of danger.

You cannot test serologically positive until about two months after being exposed. Furthermore, this kind of control would give an impression of false security and would make Moroccans believe that the danger only comes from abroad and that preventive measures that are recommended, such as condoms in particular, are not really necessary. Such a program cannot be carried out, is unjust, and would have no positive results.

The solution is to inform and educate the people, to introduce the use of contraceptives—certainly for family planning but also for preventive purposes.

Informing, Informing, and Continuing To Inform the People

From this point of view efforts are being made by the National Program for the Struggle Against AIDS, by the Ministry of Public Health, by various associations, and by some of the information media.

Several devices can be used for this purpose: posters, pamphlets, interviews, round-table discussions, lectures, discussion groups, public ceremonies, concerts, etc. However, no one can pretend to be satisfied with this kind of information and this way of sensitizing the people.

Much greater efforts must be made, much more space must be devoted to the matter in the media, there must be many more people taking part in such programs. We must reach every man, every woman, every young person, and every adolescent.

Research undertaken by the Ministry of Public Health and the Moroccan Association for the Struggle Against AIDS (ALCS), concerning information, attitudes, and practices of certain groups, have demonstrated the importance of what remains to be done:

- For example, in 1990, although almost all of the students of Casablanca, Fes, and Marrakech knew about the disease, only 48 percent among them mentioned sexual contacts as the means by which the virus is transmitted, and 29 percent knew that condoms are a means of preventing AIDS.
- About one-third of the women having many sexual partners (that is, prostitutes) in Casablanca, who have been classified into six categories, are unaware of the risk and danger of AIDS. Less than 6 percent of them say that they frequently use condoms, 16 percent say that they use them occasionally, 32 percent say that they use them rarely, and 46 percent say that they never use them!

A major study is presently under way, commissioned by the Ministry of Public Health. It will soon tell us the situation affecting the population as a whole throughout the country. Unfortunately, the results are foreseeable.

Sale of Condoms Has Increased, But Many Obstacles Remain

Thanks to the advertising campaign carried on by one brand of condoms on a radio station in the suburbs, the sales figures for this article have noticeably increased. According to a recent poll, 11 percent of the Moroccan people now use this kind of contraceptive and preventive health device, or twice as many as before the advertising campaign. So why do so many people fail to use them? What are the problems and obstacles?

Some people mention ideological reasons for not giving AIDS the attention, which it needs in the media. From the point of view of health there should not be this kind of taboo.

The Moroccan people, like those in all countries, have good sense and will never consider an effort misdirected that aims at protecting their health, their lives, and those of their children.

As far as the medical profession is concerned, it is not called upon to judge sick people from the moral point of view but rather to care for and to protect their bodies

and their minds, to relieve their sufferings, to prolong their lives, and to help them live their lives in a better way.

There are cliches about Muslims and Arab Muslims, which circulate in the West. These legends say that we are allegedly puritans, if not prudish, and are fanatic and intolerant. That view does not seem to us to be fully accurate. Every country has its zealots, its extremists, its frustrated people, its figures of fun.

In a country that regards itself as democratic everyone can present his or her point of view quite freely. Life then makes the decision, and God will recognize his own people. However, the overwhelming majority of the people are not afraid of raising these questions with frankness and openness.

The Arabic language reportedly has some 60 words to express the various stages of love. This subject has been discussed by the greatest Muslim teachers, the most prestigious judges, and the best known scholars.

Contrary to other religions, Islam rejects asceticism. A good Muslim can enjoy licit pleasures. Certainly, the Koran, which speaks of sexuality at length, condemns and prohibits certain practices: adultery, homosexuality, and prostitution, reminding us ceaselessly that God is mild and merciful. [passage omitted]

AIDS Conferences to be Held Jan 31

*LD2501165592 Rabat MAP in English 1243 GMT
24 Jan 92*

Tangiers, Jan. 24 (MAP)—“Youth and AIDS” is the theme of a series of conferences hosted by the Moroccan northern city of Tangiers this January 31.

The Maghrebien society of Anti-AIDS research and struggle which is organising the event has invited several foreign and national renowned experts to speak on the conferences, part of an information campaign to inform people and the youngsters, in particular on the dangers of the plague of AIDS.

PAKISTAN

Statistical Information on AIDS

*92WE0220B Lahore NAWA-I-WAQT in Urdu
29 Dec 91 p 3*

[News Report: “AIDS Exists in Pakistan; 105 Individuals Found Infected with the Virus; The Number of Patients Is Even Larger But They Hide the Fact Out of Fear of Boycott; Doctors Should Prepare Themselves; Most Are Not Acquainted With AIDS; The Government Has Established Only 19 Centers for AIDS Screening for a Population of 120 million; Dr. Suraya: AIDS Test Centers should be Established in Every City and Every Village”]

[Text] Lahore—Dr. Suraya Rashid, a professor at the University of Southern California, Los Angeles, said that AIDS exists in Pakistan and that the disease is easily preventable if the necessary precautions are taken. She expressed these views to the NAWA-I-WAQT correspondent during a local seminar on AIDS arranged by the Punjab blood transfusion organization. Referring to a research study on AIDS conducted in Pakistan she said that out of 200,000 individuals tested, 105 were found to be infected with the AIDS virus and 18 suffering from AIDS. She said that the actual number of AIDS patients was larger but most of them kept their disease a secret out of fear of social boycott. She said that AIDS existed in Pakistan and those who denied it were illogical and unscientific. Expressing dissatisfaction with the AIDS prevention measures undertaken so far by the medical sector, she said that the majority of doctors in Pakistan were not acquainted with the reality of this disease; thus it was necessary for the medical community to prepare for the prevention and control of this dangerous disease by referring to the latest research on the subject. She explained that the disease was caused by a virus and spread by means of blood or other matter (and especially through sexual contact). She said that AIDS could be transmitted in various ways from a person infected with the virus or suffering from the disease to a healthy person; it was thus necessary to observe precautions during blood transfusion because the AIDS virus could be transmitted to a healthy person through blood transfusion or the repeated use of syringe needles; that if blood transfusion was needed, it was necessary for AIDS prevention to make sure that the blood used was free of infection; that disposal needles should be used for giving injections and that these precautions should be observed also while traveling outside the country. Dr. Suraya criticized the government of Pakistan for the fact that there were only 19 AIDS screening centers in the country, a grossly insufficient number for a population of 120 million people. She stated emphatically that the government should provide facilities for blood screening (for AIDS) to every individual in every city and village in order to prevent the transmission of AIDS through blood transfusion. In regard to AIDS patients, Dr. Suraya said that AIDS patients should not be discriminated against socially or psychologically but should be treated like other sick people; that if AIDS patients feared social boycott, they would hide their disease and thus pose a greater danger to the people at large.

Editorial Views Concerning Spread of AIDS

*92WE0220A Lahore NAWA-I-WAQT in Urdu
30 Dec 91 p 10*

[Editorial: “AIDS in Pakistan!”]

[Text] According to a report, Dr. Suraya Rashid, a professor at the University of Southern California, has said that the lethal disease AIDS exists in Pakistan and 105 individuals have been found harboring the virus. The number of AIDS infected individuals in Pakistan is even larger, but the majority of them do not report it out

of fear of social boycott. This dread disease, which infects humans, has been found in most countries but the worrisome problem is that individuals infected with AIDS are being found in Pakistan. It is a matter for concern that compared to modern countries, there is no consciousness of this disease among the people here nor are there sufficient medical facilities in Pakistan for the necessary treatment. The fact is that the existence of AIDS cannot be denied nor is such a denial logical or scientific. In the first place, no program has been started in the medical sector in Pakistan to ascertain the number of people infected with AIDS; and secondly, there is no government campaign to inform the people of the lethal consequences of this disease and the measures to be taken to prevent infection. It is true that the government

should not be expected to do everything; professional circles should undertake the task of providing information of various kinds to the people. However, in the same way that Western countries are spending billions of dollars on AIDS research and treatment, here also a special medical branch should be established on the government level for the treatment of AIDS. The people in Pakistan who are infected with AIDS may not be able to shoulder the heavy expense of seeking AIDS treatment in foreign countries; they should be able to find treatment facilities in their own country. There is no shortage of capable doctors in Pakistan who must be well-acquainted with the latest advances in the treatment of AIDS; their services should be utilized and if necessary, they should be sent abroad for training.

Assessment of the Attitude of Juveniles Toward the AIDS Problem

92WE0102A Moscow SOVETSKOYE
ZDRAVOOKHRANENIYE in Russian No 1, Jun 91
pp 45-50

[Article by V. V. Pokrovskiy and G. I. Mozharova,
Central Scientific Research Institute of Epidemiology,
USSR Ministry of Health]

UDC 616.98:578.826.8]-053.67-036.2-07

[Text] According to reports from the Fourth International AIDS Congress in Stockholm ², the number of juveniles infected with human immune-deficiency virus (HIV) is growing slowly but steadily throughout the entire world. The spread of HIV infection is generating complex problems associated with social discrimination against the victims of this disease. The society's discriminatory attitude may make people afraid of being examined for AIDS and of seeking medical care at the suspicion of AIDS, and it may cause infected persons to refuse to communicate information about their sexual contacts in the event of an epidemiological investigation; such an attitude may also cause these people to become hardened, and to want to deliberately infect healthy individuals—that is, it may intensify the fear of AIDS.

The purpose of our research was to clarify the attitude of juveniles 14- 18 years old toward HIV patients and their opinion of measures being implemented in the USSR in relation to AIDS patients and virus carriers, and to

assess the influence of AIDS prevention lectures on formation of opinions in regard to these matters.

The research was conducted by means of a single anonymous questionnaire survey in February-April 1989. The work was carried out simultaneously with an investigation of the degree to which young people are informed about AIDS, using the same groups of respondents ¹. The questionnaire consisted of seven multiple-choice questions. The respondents had to select from a list of responses that were correct in their opinion, and to indicate their age and sex on the questionnaire sheet. Two groups of students from 14 to 18 years old were created by random sampling (secondary school students and students of Moscow's medical and vocational-technical schools). No special public health education regarding AIDS prevention was provided to any of these groups prior to the study. The questionnaire was filled out by the main group after a lecture on AIDS prevention. Such a lecture was not given to the control group prior to filling out the questionnaire. The background awareness of young people 14-18 years old was deduced from the responses of the control group. The effectiveness of the lectures was evaluated by comparing the answers of both groups of respondents. Seven hundred fifty questionnaires were analyzed, to include 359 from the main group (77 boys and 282 girls) and 391 from the control group (163 boys and 228 girls). Statistical treatment of the questionnaire results was based on the method of comparing two sampling fractions of the response variants (percent) with an alternative distribution.

The questionnaire survey results are presented in the table.

**Comparative Analysis of the Responses of Boys and Girls in the Control and Experimental Groups
(Percent "Positive" Responses)**

Questions and Response Variants	Control Group		Experimental Group	
	Boys	Girls	Boys	Girls
Total respondents (persons)	163	228	77	282
1. Your attitude toward people changing sex partners frequently:				
censuring	23.0	61.8	45.5	62.8
uncertain	49.1	36.8	48.0	36.4
positive	7.3	0.0	6.5	0.4
no response	0.6	1.4	0.0	0.4
2. What would you do if you suspected you had AIDS?:				
go to a doctor	32.5	28.9	15.6	18.8
get tested anonymously	64.4	69.3	79.2	80.5
wouldn't seek medical care	2.5	0.9	3.9	0.7
no response	0.6	0.9	1.3	0.0
4. What is done with persons infected with AIDS in our country?*				
isolated in special restricted-access institutions	22.5	22.7	5.2	0.7
not isolated, but give a signed statement concerning criminal liability for spreading AIDS	53.8	37.3	88.3	92.5

**Comparative Analysis of the Responses of Boys and Girls in the Control and Experimental Groups
(Percent "Positive" Responses) (Continued)**

Questions and Response Variants	Control Group		Experimental Group	
	Boys	Girls	Boys	Girls
report the diagnosis at work and at home	7.4	2.2	1.3	0.0
don't know	23.7	40.0	6.5	6.8
5. Do you feel that an AIDS diagnosis should be kept secret from others?:				
yes	50.9	49.9	72.7	89.0
no	47.2	47.8	22.1	9.6
no response	1.9	2.6	5.2	1.4
6. Do you feel that AIDS patients should be isolated in special restricted-access institutions?:				
yes	63.2	60.5	35.1	14.9
no	32.5	34.7	61.0	79.8
no response	4.3	4.8	3.9	5.3
7. What is your attitude toward AIDS patients and carriers?:				
compassionate	49.0	56.6	57.1	79.8
negative	19.0	20.6	16.9	6.0
indifferent	20.9	16.7	20.8	5.7
compassionate or negative and intolerant depending on the infection pathway	4.3	1.8	1.3	5.0
no response	6.8	4.4	3.9	3.5
8. What would your attitude toward a person become on learning that he has AIDS?:				
my attitude would remain as before	39.5	40.4	46.8	62.8
I would break all contact	15.1	8.7	2.5	7.1
I would limit contact	38.7	45.1	42.9	26.6
no response	6.7	5.8	7.8	3.5

*The total number of responses does not equal 100 percent because some respondents gave more than one answer to the question.

Because proper sexual behavior plays a primary role in AIDS prevention, we asked the respondents about their attitude toward frequent change of sex partners (question 1). The opinions of the girls and boys differed in the control group. The girls were more critical of people with many sex partners. Frequent change of sex partners was censured by 43.0 percent of the boys and 61.8 percent of the girls ($p < 0.001$), and almost half of the boys and over a third of the girls did not censure such behavior (49.1 and 36.8 percent respectively; $p < 0.05$). The number positively assessing frequent change of sex partners included 7.3 percent of the boys and not one of the girls. Significant differences in the responses were not detected between the groups. Consequently the AIDS prevention lecture did not have any effect on the juveniles, who had already formed their opinions on this question.

The following responses were given to question 2, "What would you do if you suspected you had AIDS?": The absolute majority of the surveyed persons in the control group would have sought medical care; in this case while

only around a third of the respondents (32.5 percent of the boys and 28.9 percent of the girls) would have gone to a doctor in a polyclinic, 64.4 percent of the boys and 69.3 percent of the girls would have preferred to be tested anonymously, and 2.5 percent of the boys and 0.9 percent of the girls would not have sought medical care. The opinions of boys and girls did not differ significantly.

There is a difference in the responses between the main and control groups ($p < 0.01$); a significantly larger number of respondents in the former would seek anonymous testing at the suspicion of AIDS (79.2 percent of the boys, 80.5 percent of the girls), and correspondingly fewer would go to a doctor (15.6 percent of the boys and 18.8 percent of the girls). The percentage of persons feeling that they would not seek medical care at the suspicion of AIDS (3.9 percent and 0.7 percent) is approximately the same as in the control group. Significant differences between the responses of boys and girls in the main group were not revealed.

The question as to measures implemented in our country in relation to patients infected with HIV is fundamentally important.

The apprehension that in the case of infection acquaintances and fellow workers would learn of the diagnosis could result in a reluctance to be tested at the suspicion of AIDS. The wrong impression that patients infected with HIV are isolated in special restricted-access institutions may also have the same effect. Generalizing the responses to question 3, "What is done with persons infected with AIDS in our country?" produced the following pattern: 22.5 percent of the boys and 22.7 percent of the girls in the control group felt that persons infected with HIV are isolated in special restricted-access institutions. The correct response ("not isolated, but give a signed statement concerning criminal liability for spreading AIDS") was given by boys more frequently than girls (58.3 percent as opposed to 37.3 percent; $p < 0.01$), while girls correspondingly answered "don't know" more often (40.0 percent as opposed to 23.7 percent; $p < 0.001$). The opinion held by 7.4 percent of the boys and 2.2 percent of the girls was that in addition to isolating infected individuals or requiring them to sign the statement, the diagnosis is communicated to the work place and the home.

In the group in which the survey was conducted after the lecture, the number of correct responses increased by more than 1.5 times among boys and by almost 2.5 times among girls. The number of boys feeling that individuals infected with HIV are isolated in special restricted-access institutions decreased by more than four times, while the number of girls decreased by more than 32 times. A decrease in the number of respondents adhering to the opinion that the diagnosis is communicated to the infected individual's place of work and place of residence also decreased. The number of "don't know" responses decreased by almost four times among boys, and by almost five times among girls. Thus information on measures implemented in our country in relation to persons infected with HIV has been insufficient; awareness increased dramatically in response to the lecture. Presence of wrong responses even after the lecture is apparently explained by reports of the mass media concerning individual cases of discrimination against persons infected by HIV, and of violations of the secrecy of diagnosis by medical workers in the USSR.

Our laboratory often receives letters written by persons opposed to keeping the diagnosis of patients infected with HIV secret, and insisting that persons infected with AIDS be strictly isolated by creating special restricted-access institutions such as hospitals for lepers. The answers to the following questions of the survey provide an impression of how juveniles relate to this problem.

In response to question 5, "Do you feel that an AIDS diagnosis should be kept secret from others?", approximately half of the respondents of the control group (50.9 percent of the boys and 49.9 percent of the girls) answered in the affirmative, and 47.2 and 47.8 percent

felt that the diagnosis should not be kept secret (the responses were accompanied by comments: "Let everyone know," "Let them repent"). No sex differences were discovered in the responses.

A significant divergence of opinions from the control group was discovered in the group that attended the lecture. In it, there were almost 1.5 times more boys (72.7 percent) and twice more girls (89 percent) who felt that a diagnosis should be kept secret. The number of boys adhering to the opposite opinion decreased by twice, and the number of girls decreased by five times (22.1 and 9.6 percent). Of interest is the fact that while the opinions of the boys and girls in the control group coincided, in the main group there were twice more boys than girls who opposed secrecy of HIV diagnosis.

The responses to question 6, "Do you feel that AIDS patients should be isolated in special restricted-access institutions?", showed that most of the respondents in the control group (63.2 percent of the boys and 60.5 percent of the girls) felt that isolation was necessary. Certain irresponsible reports by the mass media obviously had a partial influence on such an opinion. This conclusion follows from the comments of the respondents: "It's now being suggested that AIDS may be transmitted even by kissing and by mosquito bites. And until it is proven otherwise, I feel that AIDS patients should be isolated," "Anything can happen. What if other transmission pathways are suddenly found?" Only around a third of the respondents (32.5 and 34.7 percent) adhered to the opinion that these patients should not be isolated. A "don't know" response was offered by 4.3 percent of the boys and 4.8 percent of the girls. One person commented "I can't answer positively yes or no. I don't agree that sick people in the risk groups, drug addicts, prostitutes and homosexuals (just these alone) should be 'free,' because we can't be certain that they will stop their activities." As we can see, the sex difference in the responses is insignificant.

But the difference in opinions between the groups is large. In the main group the number of boys insisting that HIV-infected persons be isolated decreased by more than twice (35.1 percent), while the number of girls decreased by almost five times (14.9 percent). Correspondingly more of the respondents of the main group feel that patients infected with HIV should not be isolated (61.0 percent of the boys and 79.8 percent of the girls). Thus as a result of the lecture the opinion of the respondents changed significantly, with the lecture influencing the opinion of the girls to a greater degree.

Cases of discrimination against persons infected with HIV and AIDS patients are being noted throughout the world, and the USSR is no exception. This is why we are interested in the attitude of the respondents toward persons infected with HIV (question 7). In the control group 49.0 percent of the boys and 56.6 percent of the girls relate to them compassionately, while 20.9 and 16.7 percent are indifferent. A significant fraction of the surveyed individuals described their attitude as negative

(19.0 and 20.6 percent). Attitude depended on the pathway by which infection occurred for 4.3 percent of the boys and 1.8 percent of the girls: They are compassionate of those who were infected during blood transfusion or by nonsterile syringes in medical institutions, and negative or intolerant of persons infected by the sexual pathway. 6.8 and 4.4 percent could not identify their attitude toward HIV-infected persons and AIDS patients. Analysis of the data with respect to sex revealed that the opinions of boys and girls hardly differ.

Sex had a significant influence on the responses of respondents in the main group. The opinions of girls in the main group differed significantly. Among the girls, there were almost 1.5 times more who were compassionate of HIV-infected persons (79.8 percent), the number who described their attitude as negative was more than three times less (6.0 percent), the number who were indifferent was three times less (5.7 percent), and the number whose attitude depended on the pathway by which infection occurred increased by almost three times (5.0 percent).

Differences in the responses of the boys of both groups were insignificant ($p > 0.1$).

Of interest is the dramatic difference between the attitude expressed toward AIDS patients and infected individuals by boys and girls of the main group. The girls were compassionate more often than boys ($p < 0.001$), and they were negative ($p < 0.06$) and indifferent ($p < 0.01$) more rarely, but their attitude depended more often on the infection pathway ($p < 0.05$).

However, the responses to question 8 of the survey showed that the attitude toward AIDS patients in general does not always reflect attitude toward a particular individual. We asked the respondents to imagine that one of their acquaintances had fallen ill or became infected with AIDS, and to answer the question "What would your attitude toward a person become on learning that he has AIDS?" According to the responses only 39.5 percent of the boys and 40.4 percent of the girls in the control groups would have changed their attitude. Contact would have been limited by 38.7 and 45.1 percent. The response "I would break all contact" is given significantly more often by boys (15.1 percent as opposed to 8.7 percent; $p < 0.01$). 6.7 percent of the boys and 5.8 percent of the girls answered that they could not imagine such a situation, giving answers such as "This never happened to me" and "I don't know."

A difference was discovered between the opinions of the groups. Girls of the main group who attended the lecture responded more often than girls of the control group that their attitude would have remained the same (62.8 percent as opposed to 40.4 percent; $p < 0.001$), and they answered that they would "limit contact" more rarely (26.6 percent as opposed to 45.1 percent; $p < 0.001$). The answer "I would break all contact" was given identically often by girls of both groups (8.7 percent as opposed to 7.1 percent; $p > 0.1$). In comparison with the

control group, the opinions of boys in the main group differed significantly only in relation to one variant of the responses: There were fewer among them who would have broken all contact (2.5 percent as opposed to 15.1 percent; $p < 0.01$). There were many more girls than boys in the main group who would have changed their attitude ($p < 0.05$), and there were correspondingly fewer girls who would have limited contact with HIV-infected individuals ($p < 0.05$). However, there were more girls among those who would have broken all contact with a person on learning that he has AIDS ($p < 0.1$).

Thus although most of the respondents have the correct impression of the pathways of the infection's transmission¹, in reality the attitude toward persons infected with HIV does not correspond to level of knowledge: Unjustified fears of HIV exist. Not only the fear of AIDS but also the belief that only persons in groups characterized by asocial behavior suffer AIDS has an effect on the attitude toward patients. The respondents do not associate their behavior personally with the danger of catching AIDS by the sexual pathway. But according to data of our laboratory, representatives of the risk groups (homosexuals, bisexuals, prostitutes) make up less than half of the total number of persons infected with HIV sexually. Consequently it must be shown in public health education that AIDS is everyone's problem, and not just of representatives of risk groups. An effort must be made to surmount the wrong idea that only persons who behave immorally get AIDS.

Our research showed that despite a rather high awareness of the pathways by which HIV infection is transmitted¹, most of the respondents in the control group have a negative attitude toward AIDS patients and persons infected with HIV. The attitude toward HIV-infected persons in the group that attended the lecture was different: It was more tolerant and compassionate. Thus explaining the pathways of the infection's transmission is not enough to form a compassionate and less prejudicial attitude toward HIV-infected persons. We cannot maintain the hope that if the population understands the pathways by which HIV spreads correctly, this will automatically lead to a more tolerant attitude of AIDS victims. The responses of persons in the experimental group who attended the lecture indicate that a more humanitarian attitude towards AIDS patients could be developed, that there is a need for constant explanatory work directed at shaping a nondiscriminatory attitude toward the victims of this disease.

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Software Created for Diagnosing AIDS

92WE0089A Minsk SOVETSKAYA BELORUSSIYA
in Russian 4 Jul 91 p 4

[Interview with Cand Med Sci V. V. Kostyushov by correspondent G. Yablonskiy: "Will We Put the Lid on AIDS?"]

[Text]The "plague of the century"—AIDS—can be controlled only by means of technology of the century. A LABARM [Laboratory Automated Work Station] has been created by Candidate of Medical Sciences V. V. Kostyushov and his associates at a laboratory of the Odessa Military Hospital. A LABARM must be established as quickly as possible in every oblast laboratory, blood bank, hospital and educational institution. Who will get this done?

Kostyushov: AIDS doesn't follow the rules of addition. It forces us to think instead in terms of geometric progressions. In 1990 there were more more than a thousand and a half infected persons in our country. This year their number may exceed 6,000. But if it is impossible to barricade ourselves against this lethal danger, one which threatens all mankind, it would be realistic to finally place AIDS under control, to organize a system for revealing it surely and effectively. Before we reach the critical mass of a national epidemic—that is, not later than 1996, we will have to put a lid on AIDS, and that's something we are capable of doing.

And so could it be that once again talent will stubbornly prevail over our national backwardness and our material and technical poverty? While Leskov's Levsha had to contend with just one "steel flea," Kostyushov, who was named director of the Laboratory of Infectious Immunology and Immunodiagnosis of AIDS at the Odessa Military Hospital several years ago, collided with an entire series of problems concerning our medical import.

Kostyushov: It became more and more difficult from one year to the next to fight AIDS, as well as infections closely associated with it, with the phenomena of secondary immune deficiency—hepatitis, syphilis, ornithosis, toxoplasmosis. And here's why: The flow of information on these diseases grew unchecked. Given the ineffectiveness and laboriousness of the manual labor dominating our laboratories, even specialists with high medical qualifications found themselves drowning in the flow of information!

Yablonskiy: But what about the tens of thousands of dollars' worth of foreign equipment? Didn't it help?

Kostyushov: Well, to make work easier for our doctors we should have been more generous and serious. But our economy was being "thrifty." Consequently out of all of the laboratory equipment we needed, all we purchased abroad was recording instruments. Imagine someone trying to drive a car with only a speedometer at his disposal.

It was for this reason that V. V. Kostyushov, who had pondered over the 52 different procedures of clinical immunological analysis and automated record-keeping, over creating new ways to bring recording instruments and computers together, and so on, and who toiled over all of this with medical associates, electronic experts and programmers, created his LABARM. If certain readers who know little about such things find it difficult to understand what a problem-oriented system is, let them imagine an automated work station in a laboratory at which the computer is not the most complicated thing. Yablonskiy: Let me add that your system was created in cooperation with Doctor of Medical Sciences Anatoliy Aleksandrovich Popov, chief of a special department at the Cybernetics Institute of the UkSSR Academy of Sciences imeni Academician Glushkov. But what help can the LABARM provide in the fight against AIDS?

Kostyushov: To begin with, we would simply gain time, of which we have so little left. The time it takes to process the entire list of indicators for each patient decreases from 8-9 hours to 7-10 minutes. Computation errors are totally excluded, and consequently accuracy increases 8-10 percent (recall that each such percent stands for hundreds and even thousands of human lives!). Next, our system could also be used as a basis for creating a wide-ranging system of clinical immunological analysis and immunodiagnosis. Why is such a system so vitally necessary right now? Following the Chernobyl tragedy, extremely dangerous zones of radiation-induced immune deficiency formed. And the AIDS risk is especially high in these zones. You see, a person with a weakened immune system is easy prey for any disease.

Yablonskiy: But what can you do to help?

Kostyushov: To help, first of all we need to know the real situation. We have to evaluate the immune status of every individual who had been exposed to radiation. And this means that the time has come for universal immunological testing of the population. This is where our LABARM will be invaluable.

One other important detail: The LABARM makes it possible to provide comprehensible and effective training to AIDS specialists. As you know, future pilots and drivers are trained in a computer simulator operating off of a special program. Kostyushov's associates have also created such training programs, so that Soviet physicians, laboratory technicians, immunologists and epidemiologists would not be below the world level in their qualifications. There is also an interesting corollary to this:

Yablonskiy: Does this mean that these programs are a product of your own "know-how," your own invention? And that they could compete in the world market?

Kostyushov: Of course! That's one possibility we will certainly have to plan for in the very near future. But our main objective today is to keep AIDS from spreading uncontrolled over our territory. To stop it. And for this to happen, our system, our priority documentation (the entire package costs 4,000-8,000 rubles) must be made

available to epidemiological stations, blood banks, hospitals, medical educational institutions and scientific research institutes.

Yablonskiy: Vladimir Vasilyevich, consider our man-in-the-street who might wish to be tested for AIDS after a visit to the dentist—something that is itself not entirely safe. How can you help him?

Kostyushov: It's already been 4 years now since our collective developed and even patented a dry drop method. You get a special envelope containing a sheet of filter paper. You put a few drops of blood from your finger on it in the place indicated (naturally, observing proper cleanliness and sterility!). And your sheet bears a special code on the top. When the envelope reaches the lab, the code is entered into the LABARM's electric memory. After the analysis is carried out (recall that the time is reckoned in minutes!), you get an error-free answer. And should there be cause, all of the necessary recommendations.

Yablonskiy: But when will your "dry drop" become available to all citizens, and the LABARM to all interested doctors?

Kostyushov: Perhaps when all Soviet inventions and developments stop languishing on shelves or eking out a pitiful existence as one-of-a-kind items. But thank God, there are sensible people around, ones ready to invest both money and energy into this global cause of fighting AIDS. I was pleased to make the acquaintance of Nikolay Nikolayevich Tereshchenko and Oleg Aleksandrovich Mudrik, directors of the small enterprises TNN and Ferment in Odessa. We have an enormous amount of joint practical work to do: We need to find the most qualified personnel, accomodate them in work areas worthy of their caliber, and acquire very expensive equipment and materials. Finally, in Odessa we need to organize manufacture of the scientific and technical products we need the most in order to put a lid on AIDS.

Yablonskiy: But it seems as if even this tremendous goal is an intermediate one.

Kostyushov: Yes. Immunity lost must be regained, immune deficiency must be treated. And let me recall here that the Narine fermented milk product already being produced by TNN and Ferment is truly a miracle, because it enhances the defenses of the human body. It's no accident that after Chernobyl, Belorussia became the largest consumer of Odessa's industrial produced Narine—the first Soviet-made product.

At the end of our interview Candidate of Medical Sciences V. V. Kostyushov insisted that besides just providing publicity, I should also attract the attention of all interested organizations and persons. The telephone number at which he can be reached is 32-22-73, the number of TNN and Ferment. Call between 1400 and 1600 hours. Let me add that the editor's office of our newspaper has been and continues to remain in contact with all who make the life of our fellow citizens better, safer and more

civilized. In particular, we are watching to see that the fight against AIDS is being organized and conducted effectively.

Seventy-Eight AIDS Cases in Ukraine

92WE0089B Kiev PRAVDA UKRAINY in Russian
11 Oct 91 p 3

Interview with Prof A. F. Frolov, director of the Scientific Research Institute of Epidemiology and Infectious Diseases imeni L. V. Gromashevskiy, by Tamara Mayboroda: "AIDS is Advancing..."

[Text] The 12th Congress of the Ukrainian Scientific Society of Microbiologists, Epidemiologists and Parasitologists was recently held in Kharkov. Urgent issues associated with the increasing spread of AIDS, with children's viral infections and with hepatitis, cholera and other dangerous diseases were on its agenda.

Questions from our correspondent were answered by USSR Academy of Medical Sciences corresponding member, Professor A. F. Frolov, chief infection specialist of the Ukrainian Ministry of Health and director of the Scientific Research Institute of Epidemiology and Infectious Diseases imeni L. V. Gromashevskiy.

Mayboroda: Arkadiy Fedorovich, besides all else, you are the head of the republic's Center for AIDS Prevention. Judging from everything, HIV is our main danger today.

Frolov: Unfortunately, yes. The rate at which the infection is spreading over the republic's territory is epidemic. Judge for yourself. While in 1987 we had only six cases of AIDS infection, now there are as many as 78—that is, in a little over 3 years the number of infected individuals increased 13 times! And this is not counting infected foreign citizens who are presently residing in the Ukraine. What is most distressing is that the virus has spread beyond the so-called risk groups (homosexuals, drug addicts, prostitutes), and it is now being actively introduced among people living a normal sex life.

Mayboroda: Could it be that new pathways of the infection's transmission have opened? Last week KOMSOMOLSKAYA PRAVDA reported in an article titled "Sensation?" with reference to the American journal NATURE that "mothers infected with the virus can infect their own children with milk during breast-feeding." The conclusion reached from this is that by analogy, the virus "is also fully able to penetrate into the body of an adult individual with saliva—when kissing, for example."

Frolov: I don't see anything sensational in that. As far as infection by saliva is concerned we have issued warning about HIV, about the danger of so-called sexual kisses, many times. Transmission of a virus to a child with mother's milk is also no revelation. We are aware of this pathway. Moreover I can add that it is more incidious and dangerous than may appear at first glance. It was

revealed that a woman's mammary gland is capable of concentrating the virus by tens and even hundreds of times.

Unfortunately, HIV-infected children have appeared in the Ukraine—13 of them, four of whom have already died. Two of the decedents were infected in hospitals. And it is this acquisition of infections inside hospitals (not only by children but also by adults) that elicits special alarm.

I am forced to admit that our educational effort is at an extremely low level. Sometimes even medical workers lack the caution that is so highly necessary in relation to this infection.

We are obligated to test all patients with lingering fever and with chronic pneumonia and herpes infections thoroughly for AIDS. But we are not doing this, both in view of the reasons stated above, and in view of our material and technical insolvency.

The problem of raising the responsibility and vigilance of medical personnel is rather acute not just in our country alone. This is why the World Health Organization sent its own representatives to an AIDS seminar recently held in our country, in Odessa, for hospital head nurses.

I have already discussed the low quality of the test systems at our disposal at several occasions and at different levels. But unfortunately, with no result as yet.

Given the minimal availability of resources in our country and our incomplete knowledge of the pathogenesis and mechanism of activation of human immune deficiency virus, this problem must become one of the principal objects of scientific research today. Unfortunately, such research is hardly being conducted at all in the Ukraine. Over the long run, the isolated attempts by certain scientific collectives will not produce any results.

Each year the Americans spend \$1.3 billion on AIDS research. By the year 2000 this sum will increase to a trillion. Our miserly expenditures in this area are of course incomparable with those of the Americans.

We understand the difficulties facing the republic's economy today. Nonetheless, we do not have the right to remain silent.

Let me take this opportunity to use this newspaper to turn the attention of people's deputies and members of the Ukrainian Supreme Soviet to the appeal made to them by delegates of our congress, an appeal elicited by great alarm and deep concern for the fate of the peoples of the sovereign state of the Ukraine.

AIDS is a disaster that is advancing on us relentlessly. Neither government officials, nor laborers, nor peasants are safe from it. The pathways by which the disease spreads through our population have not been studied adequately, but from what we do know, and from the

rate of increase in the number of infected persons (especially children), we can certainly say that AIDS is among us!

There is but one salvation—to unite the efforts of all public, scientific and other organizations, and to raise the entire Ukrainian population for the struggle against this disease.

The strategy of this struggle has already been laid, and its basic directions have been outlined. All of this is spelled out in the National Program for the Fight Against AIDS, which has already been under review by the Ukrainian Supreme Soviet for a long time.

Further procrastination and delay in examining this issue is simply impermissible.

"Anti-AIDS-Siberia" Association

92WE0089C Moscow PRAVDA in Russian 21 Oct 91
p 2

[Article by Viktor Sapov, Novosibirsk: "Anti-AIDS" Program Implemented"]

[Text] Not one AIDS patient has yet been registered in Siberia. But scientists continue to build up defenses against this plague of the 20th century. All the more so because the heat-loving virus, which deprives the individual of all immunity, has now penetrated here into the cold zone as well.

The defense model is being developed in the Vektor Scientific-Production Association with the participation of specialists from clinical immunology and bio-organic chemistry institutes. The "Anti-AIDS- Siberia" association has been created with their participation. And as usual, the experiments are being conducted on laboratory mice, which adapt so uniquely to human cells. These "patients" can be visited only after passing through special air-locks in pressure suits. In the event of an epidemic, the isolation ward can accommodate 50 persons at one time.

Siberian immunologists are maintaining strong ties with their associates in the country and abroad. Last summer they began testing a new drug made from licorice, developed by a chemical institute in Ufa. Experiments with locally produced substitutes of the American immunity deficiency-reducing drug AZT have had extremely good results. Western partners have become interested in low-toxicity vaccines and diagnostics produced by Vektor. In particular, a certain British company is participating in joint development, and helping to market Novosibirsk's drugs on the world market. The association's working capital, expressed in dollars, is already 120 million. And most importantly, the chances for recovery of AIDS patients are growing.

Interview With AIDS Patients

92WE0141A Moscow ARGUMENTY I FAKTY
in Russian No 45, Nov 91 p 4

[Interview with AIDS patients Sergey and Aleksandr by O. Izvekoy and V. Romanenko: "I Live One Day at a Time".]

[Excerpts] According to specialists, there will be 1.5 million AIDS patients in the country by the year 2000.

Much has already been written about AIDS. However, the patients themselves are unwilling to talk about themselves. This is primarily because society views them in a very negative manner. Many still think that only prostitutes, drug addicts, and homosexuals get AIDS. But as the statistics show, no one is immune. Currently in the country there are 669 people infected with the AIDS virus, including 292 children, 257 of which were infected with AIDS in hospitals. Each year the number of AIDS patients rises.

Our correspondents O. Izvekoy and V. Romanenko were able to talk with Sergey (33 years) and Aleksandr (22 years). One has had the disease for 3 years, the other for 6 months.

ARGUMENTY I FAKTY: What did you know about AIDS before you found out that you had the disease?

Sergey: I had heard and read that it was incurable. I tried to avoid contact with those I did not know and foreigners.

Aleksandr: I was also afraid of AIDS. It is true that I was not as afraid of the disease itself—a disease is a disease, if you have it, you can't avoid it—as I was of the loneliness. After all, the opinion still prevails that AIDS can be transmitted by shaking hands, or even from a glance. When my friends found out about me, some turned away, some did not believe, and some began to chatter about everything.

ARGUMENTY I FAKTY: What has now changed in your life?

Sergey: When they found out that I had AIDS, they immediately informed the health department, which informed my work place and residence complex. I was fired, and I was afraid to return home, since people had threatened to kill me. I had just gotten another job, and the news reached there. Tongues are long. I had to leave.

ARGUMENTY I FAKTY: How do you get by?

Sergey: I give blood (for research, not transfusions. Editor). We get paid only 120 rubles for 400 g, but anyway... Sometimes I give interviews. I live on this money.

Aleksandr: There is also the AIDS Control Association. They can give financial support once every six months. But you need to tell them who you are, when you were

infected, that you have nothing to live on, etc. I personally have never filled out this application and will not. It is degrading. You have to show yourself off. They would give us work within our power. It would be not only financial support, but also spiritual. [Passage omitted]

ARGUMENTY I FAKTY: What are your relationships with physicians? Do you believe them?

Aleksandr: It seems to me that most of them look at us as if we were living corpses. Hence our relationship.

Sergey: After all, most of them will not treat us. They come, they look, they leave. There are very few good physicians who, although they cannot help us, can give us hope. [Passage omitted]

ARGUMENTY I FAKTY: What if you suddenly found out that your diagnosis was a mistake?

Aleksandr: There have already been such cases, when a more accurate test did not detect the virus. Of course, it is something to see, tears and crying, as if a person was born again. We have seen it and were happy for him. Of course, it is a lesson that will last a lifetime. [Passage omitted]

ARGUMENTY I FAKTY: Do you think we are conducting the AIDS prevention campaign correctly?

Aleksandr: In my opinion, things are not being done correctly. You can scare anybody, but here everybody is afraid. First of all, we need to explain it. If most sexual contacts occur in pairs, what fear...

Sergey: At first even the medical staff was afraid of us. They wore masks and gloves... Now they are used to us and will even share a glass with us. The first patients were kept in cubicles... As for myself, when I came here for the first time, I thought there would be police and prison cells. But we are free, we can go to the movies or the store. [Passage omitted]

ARGUMENTY I FAKTY: Are you interested in politics? What do you think about the political activists?

Sergey: We were very afraid when the coup began. When they proclaimed they would control sex, we feared that with this in mind they would come for us and shoot us in any case... After all, there is a list of AIDS patients at the Ministry of Health. [Passage omitted]

ARGUMENTY I FAKTY: Many of our healers have announced that they are ready to cure AIDS. Have any of them come to you?

Sergey:[Sergey] No one has been here except V. Sarchuk. But he did not have any results.

Aleksandr: Why should they come here? They sit at home and deceive hundreds of people and get thousands for it, and we can't pay them.

Anti-AIDS Education Measures Planned

92WE0140B Moscow TRUD in Russian 27 Nov 91 p 4

[Article by A. Korolev: "AIDS Prevention". First paragraph is TRUD introduction.]

[Text] "United against a common threat" is the motto of the 1 December 1991 World-Wide AIDS Prevention Day. This is what Alla Korshunova, vice president of the Moscow Municipal Committee of the Red Cross Society had to say in connection with this.

Korshunova: The objective of the World-Wide AIDS Prevention Day is to open new spheres of interaction and information and experience exchange, and reinforce a spirit of social tolerance for the suffering people.

TRUD: How is the municipal committee preparing for December 1?

Korshunova: We have held classes with a group of participants from medical academy No. 2, the activists of our movement. On December 1 they will visit the Moscow Municipal Receiving and Distribution Center for Underage Children and four schools. They will present an important conversation of young people with young people on the most critical problem of our century. The activists will give their listeners free of charge the book "AIDS Primer" (translated from the English), part of the publication of which will be paid for by the municipal committee. The Red Cross together with the AIDS Prevention Association, Soviet Charity and Health Fund, and other organizations will participate in information-educational skits at the University of People's Friendship imeni P. Lumumba and the Second Moscow Medical Institute, and in a charitable event at the Lenin Komsomol Theater.

TRUD: Are you planning to visit AIDS patients that are in treatment?

Korshunova: Absolutely! The municipal committee of the Red Cross has made presents for the children (there are approximately 15 from different parts of the country) and patients of Infectious Hospital No. 2 in the former Pervomayskiy Rayon of the capital.

AIDS Patients Criticize Medical, Social Treatment

92WE0140C Moscow TRUD in Russian 29 Nov 91 p 4

[Article by A. Nikonov: "Death Ticket: Some Brief Interviews With Patients at the All-Union AIDS Prevention Center". First paragraph is TRUD introduction.]

[Text] They do not have skin lesions or a terrible external appearance like lepers do. They look the same as we do. Men and women. Different occupations and ages. With and without glasses, with and without mustaches. From different ends of a decaying country. They simply were not

lucky. In the lottery of life they drew the death ticket. Any one of us could be in their place tomorrow. These people have AIDS.

...At first, of course, it was shattering. "Why me?" And then they... well I don't know, they got used to it. They even joke and laugh. Apparently they can't live with the thought all the time. They are probably forgetting themselves.

"No, we do not get any help from anyone, except the physicians at the center. Not from "Ogonek—Anti-AIDS", not from all these rock concerts to benefit AIDS patients. Many, including those in television, make money on us, film us, and sell the film abroad. Once a total stranger brought us a cake and told us to eat..

"There is nothing here. But in the provinces they simply persecute us and don't let us in. The AIDS prevention law signed by Gorbachev is completely ignored. The law forbids physicians to inform anybody of the disease, but the police department and work place immediately find out. We were fired or forced to "voluntarily" resign. What do we have to live for?

"Then the Moscow Center for AIDS Prevention was created... Its physicians were immediately sent on a cruise in the Mediterranean Sea. They have not been able to open up a dentist's office here for five years. What should we do, go to a regular polyclinic?

"In Odessa they also built a center, they pay the physicians a large salary, but they don't do anything. The center's building is closed for repairs.

"At our local hospital the surgeon refused to lance a boil. They cursed me and threw me out. After all, I had honestly cautioned him. They don't need to be afraid of me, but of those that do not give warning, many of whom he may have already seen... I think that we need to create our own organization to defend our interests.

"I was brought here by a escort from Sverdlovsk Oblast. I was arrested. Our city public prosecutor has headed a genuine persecution of homosexuals. He vowed to put me someplace fitting—"to cleanse the city of infection". The physician at the venerology clinic violated the physician's confidence and informed the public prosecutor and my work place. I was fired and the local newspaper published an article about me. I was finally arrested. After all, we are people too."

They are people too.

For those who would like to contribute funds for the treatment of AIDS patients, here is the settlement account for the center: 360504 in Perovski Department of the MIB, MFO 201337, code 13, for the All-Union Center for AIDS Prevention.

AIDS Cases on Rise in Belarus

92WE0218A Minsk SOVETSKAYA BELORUSSIYA
in Russian 30 Nov 91 p 2

[Article by V. Glazovskiy, chief physician at Republic Center for AIDS Prevention and Control, first two paragraphs are SOVETSKAYA BELORUSSIYA introduction]

[Text] One should not say that "This is not a threat for me." Each and everyone of us is in the risk group.

This year marks the tenth anniversary of the first cases, later diagnosed as AIDS, recorded in the United States. At that time, at the very beginning, the potential scope of the epidemic disaster was greatly underestimated, if not denied entirely. At present, a decade later, the global epidemic (pandemic) is still at the early stage of its development, and it is difficult to assess its probable extent; however, it is already quite apparent even to a specialist that AIDS is an unprecedented threat to the health and life of people on earth.

Any publication of statistics on AIDS victims becomes obsolete immediately, since their number is growing very rapidly. At the present time, the United States of America is in the lead with respect to incidence of the disease, with already more than 120,000 deaths and over 1.5 million people infected with the HIV virus. The US is followed by East and Central Africa, where there are villages in which all of the inhabitants have expired.

As to the West European countries, France, Unified Germany, Italy, Spain and Austria have been stricken the most. Whereas in East Europe, South-East Asia and Oceania the AIDS pandemic is only beginning to reap its terrible harvest.

It is projected that, by the year 2000, the number of people infected with HIV virus in the world will reach 30 million men, women and children. The mortality rate for the age groups from 20 to 49 years will rise by several times. Such development of the epidemic could cause social and economic upheavals and lead to political destabilization of countries that are seriously affected by the epidemic.

To date, medicine has a clear idea about the routes of transmission of the virus. Research has shown that it is transmitted sexually, as a result of injections or some other route where contaminated blood penetrates into the body, as well as from an infected mother to her child. Let us add here the problems of our health care, including the shortage of medical instruments and disinfectants at medical institutions, carelessness on the part of workers in hair-dressing salons, manicurists, pedicurists and cosmetologists, uncontrolled number of various people practicing acupuncture, and then you will realize that any of us could become a potential victim of AIDS. The tragedies in Elista, Rostov, Volgograd, Shakhty and Smolensk confirm this. Incidentally, there are already enough examples in our republic.

To date, 68 people with HIV virus have been picked up in Belarus, and 29 of them are our compatriots, including 5 children. In addition, there are more than 300 citizens of this republic who are presently in the group of strict monitoring because of vagueness of test results. In the same group there are approximately 1,500 more people who have had sexual or medical contact with HIV-infected people, as well as representatives of risk groups, and we were able to determine there are more than 1,000 of them in Minsk alone as of today.

A total of 39 foreign citizens representing both the African continent and European nations, including East European countries, have been found in this republic and deported in recent years.

Information for your edification: Last year, 103,000 foreigners visited this republic as tourists, 20,000 came on business, and there were close to 12,000 foreign students, workers and specialists who resided here.

It should be stressed that these guests lead a far from celibate life. We are learning of numerous contacts between foreigners and our citizens. The representative of one East European country, who was recently found to be HIV-positive, could not even remember the names or at least the number of all representatives of the fair sex whom he had exposed to the fatal risk of infection with this virus. Incidentally, the absolute majority of women in this republic, who are HIV-positive were infected as a result of sexual contact with foreigners.

We are particularly alarmed by the recently discovered HIV virus in five of our compatriots who had had absolutely no contact with foreigners. This indicates, once more, the continuing process of implantation of the virus in the republic and the already begun spread among our inhabitants.

According to prevailing worldwide practice, it is believed that there are 10-12 undetected HIV-positive cases per case that is found, i.e., as of today there are at least 300 people in the republic who are infected with this virus, and there are rather convincing data that suggest that they number about 700.

Information to reflect upon: At least 50 billion rubles, in terms of 1990 prices, will be required to render medical care to HIV-positive and AIDS victims in the year 2000, whereas about 40 billion rubles were spent last year on all forms of health care in our country. I doubt that the economy of our republic, which has already been undermined by the Chernobyl accident, could withstand such a blow.

As of today, Belarus is in third place in the nation in both absolute number of HIV-positive cases (after Russian and the Ukraine) and in incidence of the virus scaled to 1000 residents (after Latvia and Estonia).

The history of development of the AIDS epidemic afforded our country and republic a postponement of almost 7 years. Most of this term has already elapsed.

Our republic cannot boast of either the speed or intensity of measures that have been undertaken. With the exception of the Ministry of Health, virtually no one is worried about the AIDS problem: in these times of changing to a market economy, each ministry and agency, and each institution are trying to survive independently. But AIDS has no bearing on the market, and with such an attitude it will raise very soon the question of survival of our nation.

New AIDS Case in Nizhniy Novgorod

92WE0255D Moscow TRUD in Russian 6 Dec 91 p 1

[Article by V. Dolgodvorov: "AIDS in Nizhniy"]

[Text] Another patient stricken with the "plague of the century," this time a native of the city, was registered in Nizhniy Novgorod.

A Frenchman who came to work at the motor vehicle plant on the basis of a contract was the first a couple of years ago. There was a lot of commotion. The promiscuous Frenchman was hastily deported from the country. Lengthy investigations revealed that his numerous partners had not caught the disease. But it is not known whether all of the potential victims had been established at that time.

And now another case. According to a report from the local AIDS center the new victim is a 27-year-old bachelor, a bisexual. He is now in Moscow for treatment. His regular partners include two men and one woman, and the rest have yet to be revealed by the epidemiological service.

These days a number of institutions are conducting mass examinations, and representatives of the risk group have been placed under special surveillance. This is until it is revealed that there are no other carriers of the malicious virus.

Private Donations to AIDS Fund

92WE0255C Moscow TRUD in Russian 11 Dec 91 p 1

[Article by C. Zhelezko: "Money for AIDS Patients"]

[Text] Over 130,000 rubles were deposited in the Soviet charity and health fund for the prevention and control of AIDS as a result of a benefit concert by "Yunona" and "Avos" at the Lenin Komsomol Theater.

Contributions were made by enterprises such as the Stankinbank, "Global Systems" and "Shans." All of these assets will be transferred to departments 8 and 9 of the Moscow Clinical Infection Hospital No 2 for the treatment of AIDS patients.

Ukrainian AIDS Prevention Law

92WE0235A Kiev HOLOS UKRAYINY in Ukrainian
9 Jan 92 p 12

[Article by L. Kravchuk, President of Ukraine, 12 Dec 91]

[Text] AIDS is a highly dangerous infectious disease for which there is no cure and which invariably leads to death. Consequently, AIDS prevention is one of the most important public health concerns in Ukraine.

The Ukrainian AIDS prevention law has been formulated in accordance with WHO recommendations.

Section 1. General Considerations

Article 1. Definitions:

HIV Infection: Disease caused by the human immunodeficiency virus (HIV);

HIV-Infected Patients: Individuals infected with HIV. This category encompasses asymptomatic subjects (HIV carriers) and AIDS patients;

AIDS (Acquired Immunodeficiency Syndrome): end stage of HIV infection. AIDS patients present with a variety of pathologic manifestations due to suppression of the immune system by HIV.

Article 2. Ukrainian state health policy is directed at providing the administrative and financial resources necessary to prevent and control AIDS. This aspect of national policy anticipates support for basic and clinical AIDS research, health education and special training for medical personnel.

Article 3. Administration of the AIDS campaign is the responsibility of the Presidential National Committee on AIDS Prevention (NCAP) and corresponding regional and local committees.

NCAP reports directly to the President of Ukraine.

The head of NCAP is appointed by the President of Ukraine.

Article 4. AIDS prevention is the responsibility of the Ukrainian Ministry of Health and other appropriate government agencies and departments.

Article 5. Ukrainian and international associations, private individuals and citizens of other countries engaged in charitable works may also participate in AIDS prevention.

Activities of such associations and private individuals must conform to the existing laws.

Section II Procedures for Medical Screening for HIV Infections. Medical Screening, Patient Monitoring and Prevention

Article 6. The citizens of Ukraine, other countries and stateless persons who reside or visit Ukraine have the following rights:

- to medical diagnosis of HIV infection and examination at specialized clinics;
- to results of the medical studies and recommendations as to AIDS prevention.

These rights are supported by expert medical services and a network of health facilities dedicated to AIDS diagnosis and prevention.

The patients are guaranteed safe medical care, anonymity and confidentiality by the medical establishments.

Article 7. Individuals legally proven to engage in prostitution or to be addicted to injectable drugs are subject to compulsory medical screening for HIV infection.

Other individuals may also be subjected to compulsory medical evaluation on epidemiological grounds.

Article 8. Foreign citizens and stateless persons entering Ukraine for education or work reasons are subject to compulsory medical screening for HIV infection. Exemptions are granted only in cases bearing appropriate foreign health certificates recognized by Ukraine on the basis of bilateral agreements.

Member of foreign diplomatic corps entitled to diplomatic immunity and other privileges are exempt from screening unless they so request.

Article 9. Information on individuals with HIV infection or AIDS is regarded as a state secret protected by law.

Such information can only be made available to legal representatives of the individual, medical institutions, court officers, prosecutors, special investigators and other legally constituted authorities.

Article 10. Designated medical services are responsible for the health care and preventive monitoring of Ukrainian citizens, foreign nationals, and stateless persons with HIV infection (carriers and diseased) on Ukrainian territory.

Article 11. Guidelines for medical screening, care, prevention and monitoring of HIV-infected cases will be developed by the Ukrainian Ministry of Health and confirmed by the Council of Ministers of Ukraine.

Article 12. HIV-infected foreign national and stateless persons are subjected to administrative deportation in accordance with the law.

Foreign nationals or stateless persons with a spouse who is a Ukrainian citizen are exempt from deportation.

Section III Responsibilities of HIV-Infected Individuals Subject to Medical Monitoring for AIDS

Article 13. HIV-infected persons subject to compulsory medical screening are required to report to health facilities in response to written medical summons.

Failure to comply without valid reasons will lead to a court ordered restraint by the militia for remand to a local health facility. The legal order must not mention the medical condition.

The person in question may request a court hearing to dispute the medical diagnosis.

Article 14. HIV-infected Ukrainian citizens, foreign nationals and stateless persons who are on Ukrainian territory at the time of diagnosis are required to respond to medical summons for medical management. In case of noncompliance sanctions specified in the second part of Article 13 will apply.

Article 15. Persons informed by medical authorities that they are HIV-positive, informed about prevention and warned that deliberately transmitting the infection to others or placing them at risk constitutes criminal activity are required to acknowledge receipt of information in writing.

Article 16. HIV-infected persons and AIDS patients have the following obligations:

- to employ means to prevent the spread of the infection in accordance with medical instructions; and
- to advise sexual contacts to report the possibility of infection.

Section IV Social Rights of HIV-Infected Persons, AIDS Patients and Family Members

Article 17. HIV infected persons and AIDS patients who are Ukrainian citizens, foreign nationals and stateless persons in Ukraine have the right to:

- humane treatment without denigration;
- confidentiality of their medical condition if their lifestyle and work do not place others at risk;
- compensation for losses sustained due to lack of confidentiality regarding their HIV infection;
- professional activity, excluding exempted specialties and positions;

- free drug treatment for medical conditions;
- free transportation to and from treatment centers at the expense of the recommending center; and
- rent-free living quarters.

Use of such individuals in clinical trials, research or teaching, photography, videotaping or cinematography requires their consent.

Article 18. It is forbidden to deny any form of medical care or abridge any rights of HIV-infected persons or AIDS patients, their relatives or close friends.

Article 19. Illegal action of officials with respect to HIV-infected persons, AIDS patients, their relatives or friends is punishable under the law.

Article 20. Medical personnel infected in the course of their duties are guaranteed a pension, and priority in assignment or improvement of living quarters in accordance with the law.

Article 21. Parents and legal guardians of HIV-infected children or children with AIDS have the following rights:

- hospital stays with underage (less than 14 years) children on paid medical leave; and
- retention of unemployment benefits by one of the parents required to care for a child under 16 until the child becomes of age.

Article 22. Mothers of under 16 HIV-infected children or children with AIDS have the right to annual leave in summer or at some other time of their choosing. In the absence of a mother this right is transferable to the father or a legal guardian.

Article 23. Children under 16 who are HIV infected or have AIDS are entitled to monthly support equivalent to minimum monthly wage as promulgated by the Council of Ministers of Ukraine.

Section V Social Protection of Medical Personnel and Other Professionals At Risk of HIV Infection

Article 24. Infection of medical and pharmaceutical personnel with the HIV in the course of their professional duties is considered an occupational disease.

Article 25. Personnel responsible for health care, laboratory and research studies related to HIV and production of viral preparations are granted government insurance against HIV infection in the fulfillment of their duties, as well as HIV-related incapacity and death due to AIDS.

In case of HIV infection the insurance provides compensation in the amount of ten minimal salary payments, and in the case of incapacity due to AIDS

fifty minimal salary payments. AIDS death benefits are payable to beneficiaries in an amount equal to ten years salary in the last position occupied by the decedent.

Insurance payout due to incapacitation or death as a result of AIDS will be debited previous insurance payments.

Requests for payments must be made within three years of HIV infection or AIDS-related incapacitation or death.

Payments to the insured or the beneficiaries in case of death will be made by government insurance organizations on recommendations of the Ukrainian Ministry of Health.

Article 26. Medical personnel who were infected or developed AIDS in the line of duty are entitled to annual free visits to specialized sanatoria maintained by the Ministry and health departments and no less than 36 workdays of leave in the summer or at some other convenient time.

Article 27. Medical personnel infected with HIV or who developed AIDS in the line of duty are legally entitled to improvements in their living conditions on a priority basis.

Article 28. Personnel engaged in providing health care to HIV-infected individuals or AIDS patients, laboratory diagnosis of HIV infection, research using infected materials or in production of reagents for AIDS diagnosis, treatment or prevention are legally entitled to bonus pay and early retirement benefits.

Article 29. Administrators of health facilities are responsible for the safety and systematic screening for HIV infection of personnel involved in diagnosis of HIV infections, treatment of HIV carriers and AIDS patients and who are exposed to HIV-contaminated blood and other body tissues.

In the absence of adequate safety precautions medical personnel have the right to refuse treating and assisting patients.

Section VI Penalties for Noncompliance with the Law on AIDS Prevention

Article 30. Refusal to conducted health examinations for HIV infection, dissemination of such information and of the findings, and poor or indifferent performance by medical and pharmacy personnel or other health workers that leads to the spread of HIV infection, as well as refusal to treat HIV-infected and AIDS patients, are punishable under the law.

Article 31. HIV-infected individuals aware of their infection are subject to criminal prosecution if they deliberately infect others or place others at risk of infection. The defendant is also liable for medical and welfare costs of the infectee(s) under the Ukrainian law.

Interview With Armenian AIDS Center Director

92WE0278C Yerevan EPOKHA in Russian No 3,
16 Jan 92 p 13

[Interview with Mikhail Aleksanyan, director of the republic AIDS Prevention Center, by Em. Mkrtchyan; place and date not given: "Is AIDS a Threat to Us?"]

[Text] AIDS does exist, and it is terrorizing our civilization. But at the same time our reaction is as if it doesn't exist among us, in our environment, at least in Armenia. Passions have abated after that minor case, so carefully concealed in the past, of a student from Yemen who contracted AIDS. The student was evicted from the republic, and on that the subject was closed.

Mikhail Aleksanyan, director of the republic AIDS Prevention Center, told us that there is only one patient registered in the republic today: a middle-aged man, a rather intelligent and modest person. He is easy to work with. Suffering deep psychological stress, this person is finding the strength to fight the disease, and he understands the entire depth of the responsibility placed upon him by the physicians treating him and the society. This patient, whose name is being kept absolutely secret for understandable reasons, is at home under the constant attention of loved ones and relatives. All of the necessary conditions have been created for him.

Mkrtchyan: Mikhail Ashotovich, can it be said that the AIDS problem does not exist in Armenia?

Aleksanyan: Not at all. This problem exists everywhere, including in Armenia. If only one case has been revealed thus far, tomorrow there may be more of them. Our task is to keep this from happening. This problem must be attacked not only by our health care system but also by the entire society. However, our society is totally unprepared for this. And in turn, we are unable to act upon this situation.

Mkrtchyan: Are you saying that there are no guarantees that outbreaks of infection will not occur in Armenia as they did in Rostov and Elista?

Aleksanyan: First of all, we cannot force every nurse to properly sterilize instruments, nor can we make a nurse use disposable syringes only once, and not sell them at speculative prices. Each year the republic receives over 10 million disposable syringes, but still that's not enough. And even if they are available, this does not solve the problem, in the same way that their availability is not solving the problem in developed countries for the moment, where there are no shortages, and all the more so of disposable medical instruments.

Mkrtchyan: The West is making an enormous effort to maintain records on and provide preventive treatment to people in the so-called risk groups. They are studying public opinion, and doing a great deal of work to acquaint young people with the AIDS problem. What about in our country?

Aleksanyan: I don't think you'll find a single homosexual or prostitute who doesn't conceal his weakness or the nature of her occupation from society, when both are persecuted not only by public opinion but also by the law. Twice a year we examine drug addicts, but only those who have been registered. In the meantime their majority are beyond our reach. In a word, we have no access to all these people, and we will not have it until this problem is resolved by law. We are thinking quite seriously about proposing to the Ministry of Internal Affairs and the republic's Ministry of Justice to at least begin solving these problems.

Moreover not only are we deprived of the possibilities for working among high risk groups, but we also have no idea of the overall situation regarding the attitude of our society, and especially the young, toward the AIDS problem and sexual behavior. How aware are our young people of the preventive methods, and what is the size of the sexual minorities in the republic? We can only guess at the answers. We need serious sociological studies, ones which our center is simply unable to finance because so little money is allocated to it.

Mkrtchyan: Are we threatened by AIDS from abroad?

Aleksanyan: This is also a very serious problem, since it has recently become much easier for citizens to travel abroad. Contacts between the republic and other countries will widen with time, and this is where we need to be on guard. Unfortunately we are deprived of the possibilities for monitoring these people today. I think that this issue must be resolved as soon as possible with the help of the Visa and Registration Department. All who cross the border into our republic, whether on business or vacation, whether they are ours or not, should undergo AIDS testing. Without this, and without the conditions I listed above, any talk of guarantees would be silly.

Official Gives Data on AIDS Sufferers

LD1602124292 Moscow Teleradiokompaniya
Ostankino Television First Program Network
in Russian 1500 GMT 13 Feb 92

[Report by N. Ivanov on data issued by Russian State Statistics Committee—from the "Novosti" newscast TAGS]

[Excerpt] [Video shows shopping scenes, news conference, document entitled: The socio-economic situation of the Russian Federation in 1991] The number of citizens infected with the AIDS virus as of 1 January 1992 was 518. [passage omitted]

Officials Release Odessa AIDS Statistics

LD1702145692 Kiev Radio Kiev in English 0100 GMT
17 Feb 92

[Text] The Ukrainian city of Odessa remains to be the leader in Ukraine as for the number of AIDS patients. Officials of the local department for health care explain that this is primarily due to the fact that Odessa is an international seaport and thousands of foreigners come to that city by sea. As a result, lately 38 people have been infected by the virus. Three of them, they are children, have already died.

Security Officials on Entry

LD270213392 Moscow TASS International Service
in Russian 1220 GMT 27 Feb 92

[Article by ITAR-TASS correspondent Leonid Timofeyev] [Text] Moscow, 27 Feb (TASS)—Entry to Russia is banned for 5,378 people who are on the so-called "monitoring lists" [kontrolnyye spiski]. This was announced by Igor Zinchenko, representative of the counterintelligence service of the Russian Federation Security Ministry, at a news conference here today. According to him, the lists include data on terrorists, extremists, individuals suspected of espionage activity, drug dealers, and AIDS-virus infected people. Igor Zinchenko stressed that those who had earlier been banned from entering the country for ideological considerations have been excluded from the monitoring lists of late

AIDS Cases Dropping

LD0603081292 Moscow TASS International Service
in Russian 0645 GMT 6 Mar 92

[Article by ITAR-TASS correspondent Lyubov Dunayev]

[Text] Moscow, 6 Mar (ITAR-TASS)—At present a declining trend in the number of new cases of AIDS is being observed. The new cases have dropped from 312 in 1989 to 108 in 1991. This has been achieved due to the

drastic decrease in infecting hospital patients with the virus, thanks to a more stringent anti-epidemic regime, said Dr. Vadim Pokrovskiy, head of the laboratory for epidemiology and preventive AIDS treatment at the Central Institute of Epidemiology.

A system for investigating AIDS is being perfected, he told an ITAR-TASS correspondent in an interview today. Blood donors, pregnant women, citizens returning from abroad, and foreigners coming to Russia for a lengthy period are subject to testing. In Russia alone the number investigated over the last few years was more than 5 million and throughout the former Union 42 million. Of these, 104 cases of AIDS were exposed.

According to Pokrovskiy, the investigation of foreigners has also improved: In five years 600 foreign citizens infected with AIDS have been exposed. However, businessmen coming from abroad and foreign tourists are still not being monitored, the scientist noted.

The program to combat AIDS that is currently being set up will allow the system of examining the population to be perfected and the monitoring of the dynamics of the illness to be improved. As a result, it will allow the necessary sanitary and preventive treatment measures to be efficiently taken, Pokrovskiy stressed. The functions of the all-Union center to combat AIDS will be borne by the Russian epidemiological center that is being established.

DENMARK

Youth Found Heeding Safe-Sex Campaign

92WE0285B Copenhagen BERLINGSKE TIDENDE
in Danish 28 Jan 92 p 4

[Text] In recent years, most youths have reacted rationally to the "safe-sex" campaign for better prevention and protection against the AIDS disease. Drs. Hanne B. Wielandt and Bernard Jeune, Odense University, have compared the behavior of the youths before and after the campaign and they conclude that the campaign has served its purpose.

Study Finds Copenhagen Prostitutes Free of HIV

92WE0258A Copenhagen BERLINGSKE TIDENDE
in Danish 29 Jan 92 p 2

[Article by Olav Hergel: "Safe Sex With Prostitutes"—first paragraph is BERLINGSKE TIDENDE introduction]

[Text] Two hundred and thirteen prostitutes were tested for HIV infection. None of them turned out to be positive. This is evident from a new study confirming that sex with prostitutes means safe sex.

For many years, the National Health Service has been preaching to the Danish population to "use a condom," and a new study shows that the message has at least reached one group, the prostitutes.

Of the 244 prostitutes who were asked if they used a condom when they were having sex with their customers, 97.5 percent answered yes. Of the 244 prostitutes, 213 were voluntarily tested for HIV infection and the result is exceedingly positive. This is in today's issue of the AIDS-NEWS.

Anne-Marie Worm, chief physician at the Bispebjerg Hospital, is behind the study, but the legwork was undertaken by three social workers who have visited the prostitutes during this last year in their environment, on the street, in massage parlors, and in bars.

The total number of prostitutes interviewed is 33 who work on the streets, 86 who work in massage parlors, 20 who are associated with an escort service, 43 who pick up their customers in bars, and 19 who pick up their customers in other ways.

Among the 213 who tested voluntarily, 33 were substance abusers but none were infected. Chief Physician Anne-Marie Worm thinks that there are two important messages in the study.

"Firstly, the study shows that the myth that one can go downtown and have sex without a condom, if one is prepared to pay extra for it, is a myth. The prostitutes use a condom, and they are consistent in that. The other message is that it helps to use a condom. If only the rest

of the population would be as consistent as the prostitutes, a lot would be achieved."

The unreliable factor in the study is the 31 who did not want to be tested. Dr. Worm does not think that they said no because they feared that they were infected, "but obviously we do not know."

The Copenhagen study is in keeping with a study undertaken in Aarhus two years ago in which 53 prostitutes were tested, none of whom was infected.

Further Details on Prostitutes/'Safe-Sex' Study

92WE0259A Copenhagen BERLINGSKE TIDENDE
in Danish 1 Feb 92 Sec II p 1

[Article by Olav Hergel: "Condom Is the Armor"—first paragraph is BERLINGSKE TIDENDE introduction]

[Excerpts] The condom protects the prostitute against AIDS, syphilis, herpes, chlamydia, gonorrhea, and whatever disease can be found in this profession. But it also protects her soul. The condom is her one-millimeter-thick work uniform.

They say that they are allergic to condoms. They say that it is like taking a bath in a raincoat, like eating candy with a plastic coating. They say that they want to pay 500 kroner extra if they can have sex without the rubber. This is what men say, but they do not get it without the rubber. The only thing they get is a quip.

"When I have contracted AIDS, you can have it without the rubber and free. Then he took off," as one of the massage girls expresses it in a study on prostitution in Copenhagen. This study was conducted by the Bispebjerg Hospital with money from the Assurance Companies Association and the AIDS fund.

Another girl began to count when the customer asked her whether he could get it without a rubber: "One, two, three, four, five, six, seven, eight, nine ... then you are the tenth today to get it without the rubber."

"He then left scared, and this is how it is with almost all men in Denmark who try to buy sex without rubbers," says Lene Nyvang who is one of the three social workers who in the last year has interviewed 244 prostitutes in Copenhagen and the surrounding areas. She has asked them questions most people could not dream about answering.

"How many men do you have sex with a week? When did you start working as a prostitute? Did you have anal sex last week? Has the customer ejaculated in your mouth? Are you a drug addict?"

The social workers have found the girls through ads in EKSTRABLADET, on the street, in bars, and the objective of the many questions has been, first and foremost, to find out two things.

Firstly, do prostitutes use condoms? Yes, they do. Of 244 prostitutes, 244 used a condom, and 239 used it constantly.

Secondly, is there HIV-infection among the prostitutes? Not among those who were tested. Of the 244, 213 tested voluntarily for HIV-infection. None of those was infected. Among the tested, 33 were drug addicts.

Chief Physician Anne-Marie Worm, Bispebjerg Hospital, has been handling the medical side of the study. "If only the rest of the population used condoms to the same extent as the prostitutes do, a lot would be achieved." [passage omitted]

Heavy Burden

On the average, the 244 women have sex with 17-18 men a week, and intercourse without any emotion 17-18 times a week cannot but affect the private double bed. Many of the prostitutes no longer have any private sex life, and have difficulties in getting aroused; something special must happen. [passage omitted]

The 244 women Lena Nyvang and her colleagues spoke with have, in general, lived off prostitution for eight years, but as all other figures in this article, the average is a manifestation of a lifestyle that is unbelievably diverse.

When the study shows that the women have sex with 17 men on the average a week, the figure covers the women who have 100 sex partners a week and the woman who only has one. The average age of 31 covers women from 18-70, and the starting age of 23 swings all the way from girls who started at the age of 10 to the woman who began when she had celebrated her silver wedding anniversary.

The only figure that almost covers 100 percent of the life in the massage parlors, bars, and streets is the figure on the one-millimeter-thin armor: Of the 244 women, 100 use condoms, and 97.5 percent do it every time.

SWEDEN

Monthly HIV Increase Stable

92WE0082G Stockholm DAGENS NYHETER
in Swedish 23 Oct 91 p 6

[Article by Kerstin Hellbom: "No Increase of HIV; Spreading Via Heterosexual Intercourse in Sweden"—first paragraph is DAGENS NYHETER introduction]

[Text] Between two and four people a month are infected by the HIV virus through heterosexual intercourse in Sweden. This has been the trend in recent years. Indigenous heterosexual spreading has neither increased nor diminished.

This is the finding of the latest statistics from the National Bacteriological Laboratory [SBL], on newly reported HIV positive individuals during the third quarter of this year.

In contrast to the high numbers of HIV positives newly detected in the first years, the numbers in more recent years, starting in the mid 1980's when the capability of testing for it began, have stabilized at about 30 people a month. This tendency has not changed, according to SBL's latest statistics.

In all, 83 new cases were reported in July, August, and September of 1992. The spread of the disease breaks down as:

- Homosexual intercourse, men: 25, women: 0.
- Needle-users, men: 5, women: 2.
- Heterosexual intercourse, Men: 18, women: 30.
- Blood and blood products, men: 0, women: 1.
- Mother to child: 2.

The table shows that spreading of the infection through heterosexual intercourse continues to be greater than spreading through homosexual intercourse or through needles.

Of the total of 48 who were heterosexually infected, half were of foreign origin. Of the approximately 20 individuals remaining, about half of those were infected abroad.

This leaves about 10 who were heterosexually infected in Sweden, between two and four individuals a month.

Since the first HIV positive cases were detected in Sweden in the mid-1980's, a total of 2,890 individuals infected with HIV have been reported to SBL. Of these, 2,338 are men and 552 are women. The spread of the infection breaks down as follows:

- Homosexual intercourse, men: 1,372, women: 0.
- Needle-users, men: 422, women: 172.
- Heterosexual intercourse, men: 371, women: 325.
- Blood and blood products, men: 150, women: 45.
- Mother to child: 16.
- Unknown cause, men: 14, women: 3.

Of the 2,890 reported HIV positive cases in Sweden, at least 800 are of foreign origin, most of whom were infected through heterosexual intercourse.

UNITED KINGDOM

Survey of Tuberculosis Incidence Planned

92WE0222A London THE SUNDAY TELEGRAPH
in English 5 Jan 92 p 5

[Article by Victoria Macdonald]

[Text] Doctors in Britain are being told to check AIDS patients and those with the HIV virus for tuberculosis.

Health workers in America say the disease has reached epidemic proportions in New York and is spreading into the general population.

Last night, Dr. Peter Ormerod, secretary of the Joint Tuberculosis Committee, which advises the Government on the disease, said guidelines were being prepared for health workers on TB and HIV infection.

The committee is planning a Tuberculosis Notification Survey next year to discover patterns in the spread of the disease, although Dr. Ormerod said it would take two or three years for any clear picture to emerge.

In 1989, 5,164 people were recorded as having the disease—a 6.8 percent increase on 1988.

Until then TB was largely a forgotten disease, associated with Victorian England and the high-winged collars thought to have been invented to cover the scars.

The World Health Organisation's Tuberculosis Unit has begun a global TB programme as figures show that worldwide, one in three adults has been infected with the tubercle bacillus, with 10 million people a year going on to develop the disease and three million a year dying.

Dr. John Grange, Reader in Microbiology at the Royal Brompton Hospital in London, said yesterday that unlike other HIV-associated infections, TB could be transmitted to other people.

In London, 6 percent of HIV patients have been diagnosed as having TB.

In New York, TB is said to be out of control with an increasing number of patients developing forms of the infection that are resistant to the usual drugs.

In November, more than 4,000 cases were reported compared with 3,520 for the rest of 1991. Of those, one

in five was resistant to isoniazid and rifampin, the standard drugs used to treat TB.

Dr. Dixie Snider, director of the TB elimination division of the Centers for Disease Control in Atlanta, said the disease was first found in young blacks and Hispanics but was now being picked up in young children and among workers caring for AIDS patients.

Unlike Britain, America has no national vaccination programme and there has been little suggestion that one should be introduced. Dr. Snider said it was a "political rather than medical issue."

He said that BCG—the vaccination given to children in this country—was being administered to those in high-risk categories. Patients found to have drug resistant TB are being isolated.

Doctors are also checking health records for all cases of TB to find people who have come in to contact with the patient.

In Britain Doctors say an epidemic is highly unlikely because there is not the same degree of poverty, injecting drug use and there are far fewer HIV and AIDS patients.

TB can lie dormant for years with its victims never knowing they have it until it flares up. The most common form is pulmonary TB which affects the lungs but it can be found in other organs.

It is largely curable but in patients with defective immune systems it can kill.

Dr. Grange said part of the problem was that people had lost interest in TB. "Now the disease has sparked off again and while it is never going to get like New York, surprising things do happen."

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